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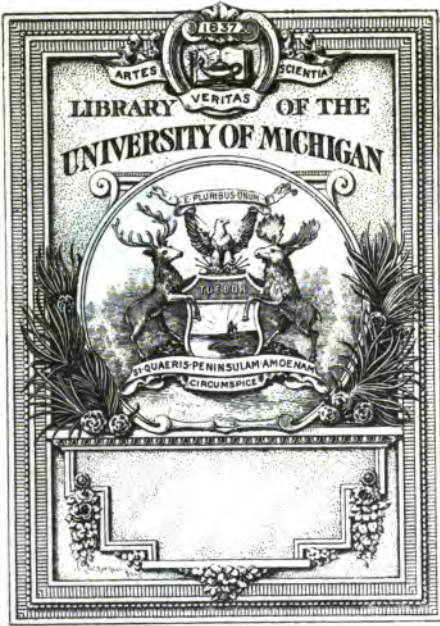
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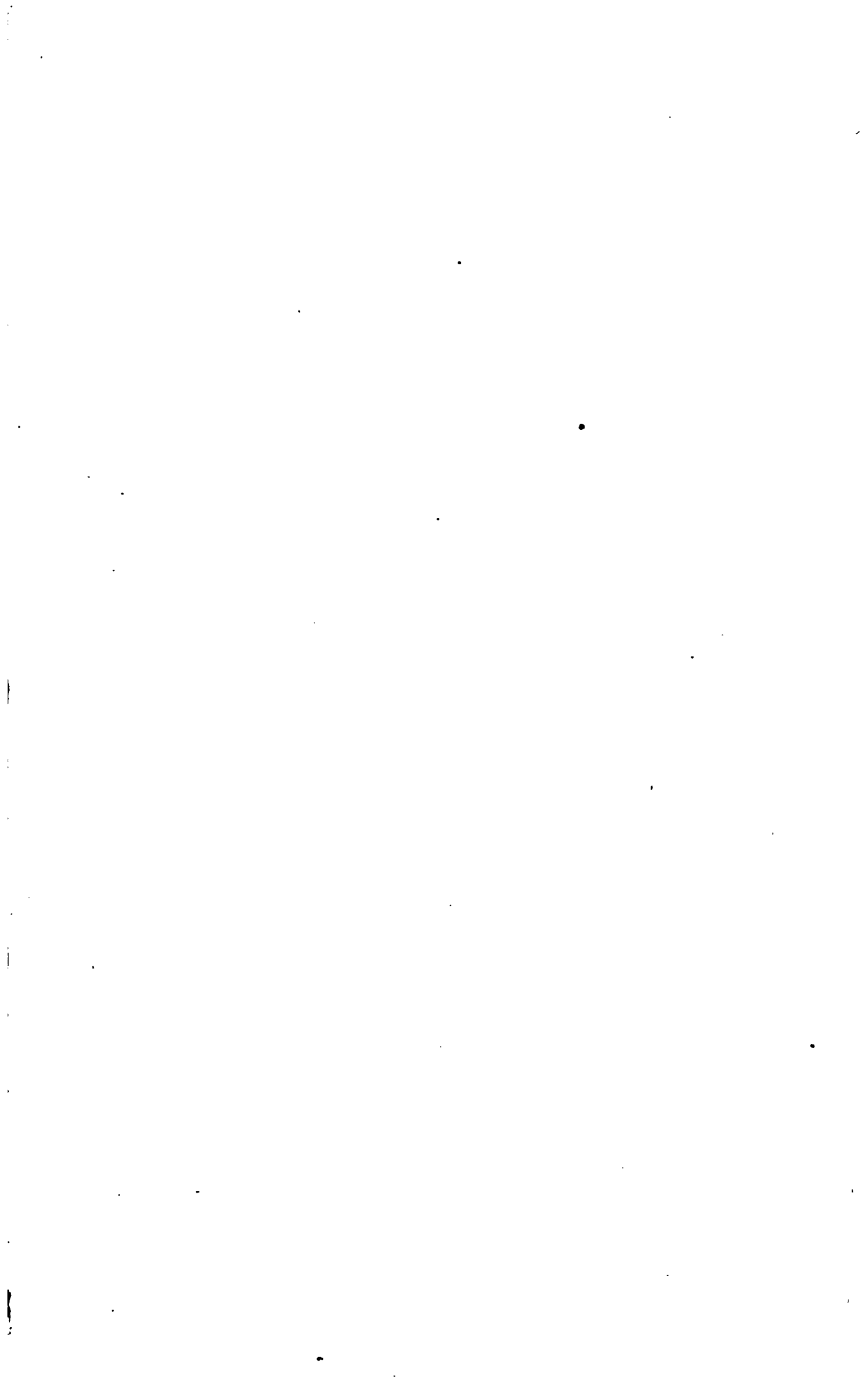
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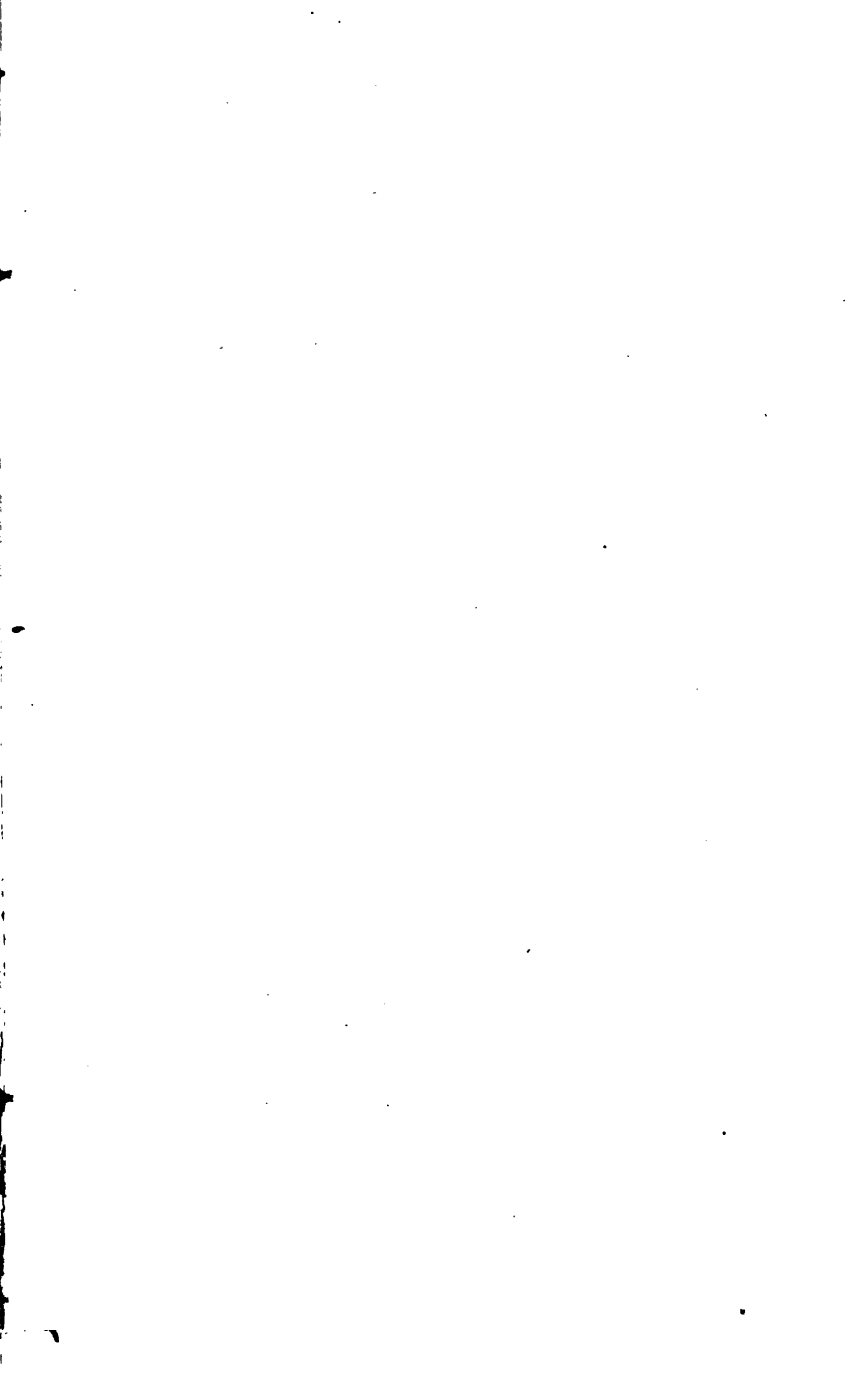
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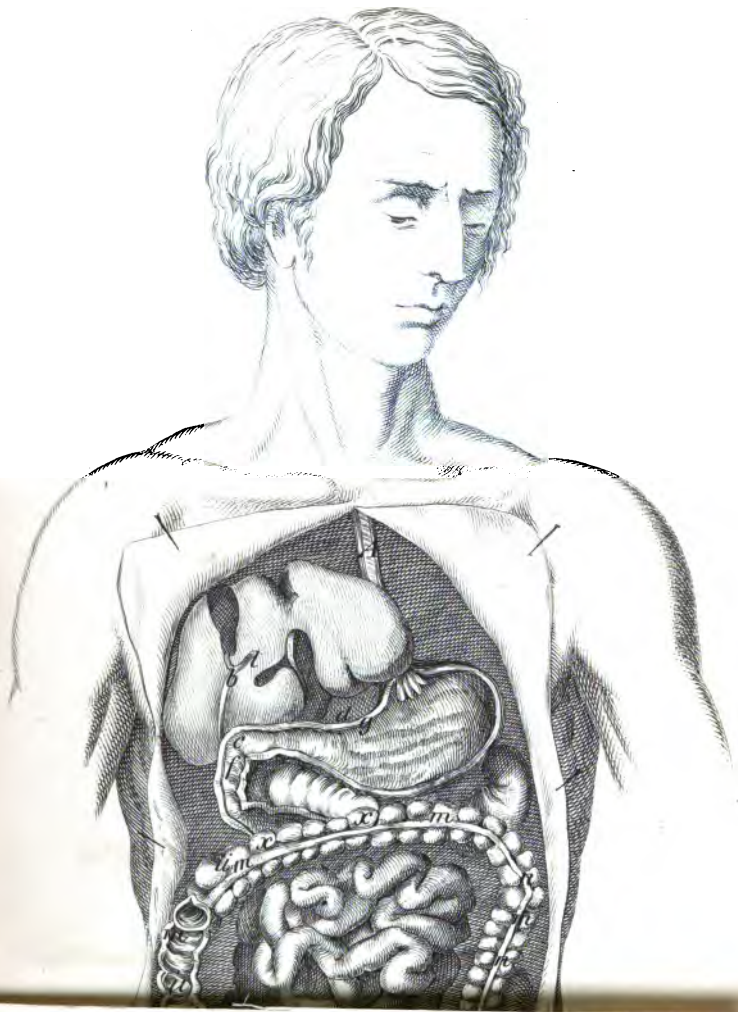
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HOMŒOPATHIC TREATMENT
OF
INDIGESTION, CONSTIPATION,
AND
HÆMORRHOIDS.





THE
HOMŒOPATHIC TREATMENT
OF
INDIGESTION, CONSTIPATION,
1666!
AND
HÆMORRHOIDS.

BY
WILLIAM MORGAN,
MEMBER OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND.

EDITED WITH NOTES AND ANNOTATIONS

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PREFACE TO THE AMERICAN EDITION.

THE want of some well arranged homœopathic work treating of the diseases of the digestive organs, has been so sensibly realized, that no apology for submitting an "American edition," of the work on indigestion, constipation and hæmorrhoids, is at all necessary. The editor, in carefully preparing the work for the press, has found but little to disapprove of in the English edition. The Author is richly entitled to the thanks of the Homœopathic profession and the public for the exceedingly valuable service he has rendered them. The homœopathic practitioner has always had much to contend with of a formidable character, in the treatment of dyspeptics, in consequence of their great proneness to be ever resorting to deleterious agents for relief of suffering, either in the form of tonics or aperients. The following pages are valuable as suggesting in a concise manner the hygienic measures as well as the medical treatment that may be observed, calculated not only to obviate the necessity of recourse to dangerous palliatives, but to promote a complete restoration of health. The suggestions relative to air, light, exercise and general habits, are worthy of the strictest attention. The general remarks on diet and also the specific directions with regard to edibles and

beverages are all in perfect agreement with what a dyspeptic or one suffering from constipation or hæmorrhoids seemingly requires. In adapting the work to the American public great care has been exercised to preserve its original form. Several remedies have been added with a view to render the work more complete. And the directions for the administration of the remedies have been made a little more full, and a few notes have been added, containing the suggestion of additional remedies and treatment.

The work in its present form is offered to the American Homœopathic profession, and the patrons of homœopathy in general, in the full belief that it may prove an acceptable manual especially to dyspeptics, &c.

Philadelphia, Nov: 5, 1853.

PREFACE.

THE recognition and practice of Homœopathy by men of acknowledged position in Medical Science, was the sole cause that first directed the Author's attention to the study of this mode of treatment; four years ago he was as strong an opponent to this so-called innovation, as he is now, upon conviction, its supporter. He had not long, however, adopted the system, when he became sensible that Homœopathic writers had hitherto bestowed but little attention upon the important class of diseases, which form the subject of the brief treatise now submitted to the reader.

In the treatment of these diseases, he has dwelt as much on the Anatomy and Pathology connected therewith, as the narrow limits of so small a volume allowed. He would inculcate most forcibly, that without minute investigation of those subjects, Homœopathic, as well as all other practice, must be unavailing.

He has also bestowed particular attention upon the general or hygienic treatment, and has deemed it advisable, in laying down regulations for Diet, to enter into detail respecting the preparation of appropriate delicacies for the use of Dyspeptic patients.

Diseases resulting from irregularity or debility of the

digestive organs are so frequent in their occurrence, that scarcely a family can be found, in which one or more of its members are not sufferers thereby; and it is from almost habitual success in testing the efficiency of Homœopathic treatment in such cases, as will hereafter be noticed, that the Author feels some confidence in putting forth the following remarks.

In conclusion, the Author would entreat those who possess a rooted disbelief in the principles and effects of Homœopathy, first to remember, that it is on the selection, not on the amount of the medicine, that the sound practitioner of Homœopathy relies for success; secondly, he would ask both patients and practitioners to test the effects of infinitesimal doses—of *medicines homœopathically* selected—before they summarily condemn their application.

74, CONNAUGHT TERRACE, HYDE PARK,

February 16, 1852.

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GENERAL TREATMENT—HYGIENE.

BEFORE I enter upon the consideration of the *medicinal* resources contributed by Homœopathic Science, for the treatment of the very manifold and general forms of disease to which this Treatise is devoted, I may be allowed to call the reader's particular attention to some of the most important of those *general* remedial or preventive means, which occur to us either in the absence of medicine or as its essential adjunct.

A new era in medical knowledge has, in the advancement of *art*, carried us somewhat back upon the reconsideration of the resources of *nature*. We know that the reasonable exertion of the physical powers of the frame, the free inhalation of the atmosphere, whose constituents sustain the vitality of the organic tissues, and a proper proportion of exposure to the stimulating agency of light upon the surface, are essential to the preservation of health. We also know that when health has become impaired, either by the insufficiency of one or more of these preservatives, a gradual and almost insensible return to the natural condition tends to restore the functions or organs thus impaired.

I must, therefore, impress upon those who suffer from complaints affecting the functions of digestion, or even the organs by which those functions should be effectually

performed, that *Air*, *Light* and *Exercise* are of no inconsiderable importance in the category of remedial agents.

To these, as more especially and directly concerned in the actual function of digestion, I must add another most important and indispensable stimulus to life and health, namely,—the quality and quantity of *food*, the method of its preparation, and the frequency with which it should be taken or administered.

AIR, LIGHT, AND EXERCISE.

First, therefore, let me attempt to explain in what way the first three of the remedial agents I have named may be brought to contribute to the restoration of disordered digestion.

Elsewhere I shall have occasion to enumerate sedentary habits, confinement within doors, excess of mental application, and the like conditions, as the too frequent causes which directly operate to induce one or all of the derangements which form the subject of this treatise.

No portion of the system, perhaps, more readily exhibits the disordered condition, even when it is not the primary seat of complaint, than the several organs immediately concerned in carrying on the functions of nutriment. The reason for this is obvious; for no organs are so constantly called into play and taxed, even to excess, as the stomach and intestines—or, more properly speaking, no organs are so liable to be exposed to active causes of disturbance as these. Moreover, insomuch as the great and continual effort of the nervous energy is directed to supply and sustain the organic structures by means of nutrition, and as the necessary recurrence of this process is very frequent, any cause not

directly acting upon the organs of digestion themselves, which serves to abstract and divert the effectual supply of nervous energy from these offices, is more or less immediately productive of disturbance in these functions themselves: so if a man exert the intellectual faculties to excess, the vigour of the nervous power is diverted from the functions of digestion, and, perhaps, the first consequence which he may feel will be a derangement in these functions.

The same reasoning might be extended, but without more explicitly illustrating the question. There is, however, one other most important sphere of sympathies to which I must allude as particularly connected with effectual digestion. I allude to the functions of the skin.

It is well known, that one important organ which presides, as it were, over the distribution of the food—the liver—is remarkably susceptible of sympathising with the skin.

Now the skin is peculiarly subject to be influenced by external agencies. Light, Air, Cleanliness and Exercise are all essentially necessary to the fulfilment of its offices. The tone of the extreme vessels and nerves promptly reacts upon the vigour of the organs of life. If these be languid, inactive, or morbidly irritable, or be rendered so by the agency of any influence to which they are immediately exposed, the centre of the nervous energy is promptly affected, and the processes of absorption and exhalation, which are essential to life and health throughout the body, proportionally languish. On the other hand, it is as evident, that any undue degree of stimulation to which they may be immediately exposed, is readily communicated to the same important organs of

life, and that the result is an exhaustion by one sudden effort of the vigour, which had it been properly economised, and gradually expended, would have slowly and regularly contributed to the promotion of the functions now deprived, for a time, of the impulse required to sustain them. It is a mistake to suppose that one particular organ only suffers from either of these alternatives. The eye is not alone disturbed or injured by excess or deficiency of light; nor are the arms or legs the only parts which suffer from excess or deficiency of exercise.

In the majority of cases, the first sensible mischief resulting from errors of habit will be perceived in the disturbance of the functions of digestion.

It is not my purpose, however, here to do more than merely to offer suggestions on these subjects, which may prove of practical utility; wherefore I will at once proceed with a few brief regulations, which those who require to refer to a work of this nature, would do well to observe.

1. *Air and Ventilation.*—The inhabitants of crowded towns, or those whose avocations necessarily confine them in close apartments for many hours in the day, should, if possible, obviate the mischiefs incidental to such circumstances, by devoting such time as they can spare, to gentle exercise in the open air. In cases of an obstinate character, it is often essential that the occupation which involves such confinement should, for a time, be abandoned, or should be pursued for a more limited period of, at the least, every day. Those who have the means of obtaining a better and more effectual ventilation, should not fail to secure it. The dwelling-house or apartments should be thrown open to a free current

of air upon every possible occasion during the day, and the sleeping apartment in particular should barely ever be closed so long as it is untenanted. In wet or cold weather, the precaution of keeping fires burning will not only conduce to obviate mischief from the state of the atmosphere, but will at the same time serve to assist in ventilating the apartment. When any elevation is within an easy distance, and the weather is favorable, the patient cannot do better than seek it in his walks, as the less interrupted the access of pure air, the more highly is it conducive to health,—and more especially to the restoration of an impaired tone of the organs of digestion. It is also to be observed, that for those who are habitually confined in towns, a temporary change to the country, particularly to places of some elevation, and which are not exposed to prevailing winds from an unhealthy quarter, is highly desirable.

2. *Light*.—Next to the importance of pure air for those who suffer from disordered digestion, is the proper access of light. Neither animal nor vegetable existence can continue unimpaired and in *active development* in exclusion from light. Without being aware of the essential properties possessed by light and its important agency upon the system, no one can be unconscious of the exhilarating effect of a bright, or keen, frosty day, as compared with a dull, humid and gloomy state of weather. In many cases, unfortunately, those whose continual exposure to the depressing effects of insufficiency of light, has engendered a general impairment of the system, and, perhaps, especially a deranged state of digestion, or, more particularly, an habitual costiveness, are unable, from circumstances, to abstract themselves from the injurious influence. Lest, however,

this condition should not be sufficiently taken into account in cases in which opportunities of respite offer themselves, I have thought it advisable to advert to the circumstance, and to urge the necessity of avoiding that which has operated as the cause, or may act as the aggravant, of disease.

3. *Exercise*.—The salutary effect of daily exercise is well known to all who have suffered, or are predisposed to suffer, from one or all of the disorders embraced in this treatise. But it is important to distinguish both the method and the measure in which it is sought. Some confirmed dyspeptics are incapable of *active* exercise, or can, at all events, undergo muscular exertion only to a very limited extent. Whilst others, again, are more liable to be injured than benefited by *passive* exercise. As a general rule, gentle walking exercise in the open air in fine weather, is the most salutary; the degree of exertion and duration must, however, be accommodated to the strength of the patient, the particular features of his disorder, and the variable conditions which create exceptions to the general rule.

In cases in which there is a predominant nervous irritability and exhaustion, and when the patient is apt to be excited to an excessive degree of tension and exertion,—supposing the case to be one in which the primary organs of digestion and the nervous system are predominantly affected, and which is of an aggravated character,—it were as well to *begin* with passive exercise, if possible, and to proceed with great caution, and by very slow degrees, to an increase of muscular exertion. Whilst those cases which are more particularly characterised by languor, listlessness, and indomitable disinclination to exertion of any kind, are preferably treated

by means of *active* exercise, although, even in these cases, the duration and degree of the effort, should be very moderate at the onset, and should be increased by very slow degrees.

Again, for those who suffer from hæmorrhoids, *passive* motion is positively *injurious*, and whilst sedentary habits often operate as the chief exciting cause of the mischief, and are even to be looked upon as tending to confirm and to aggravate the disorder, it must also be borne in mind, that sudden and extreme exertion is apt to be equally prejudicial by promoting and sustaining the irritation of the parts. In these cases we should proceed step by step, beginning with very gentle walking exercise for a limited period at a time. I should recommend the patient, in these cases, to take a short walk three times in the course of the day, beginning with a distance of about a mile, and gradually extending it to three. No occupation should be allowed to interfere with the regularity of this relaxation; for, although some inconvenience be occasioned by this interruption at first, it will end in a great economy of time and health, and consequently also of vigour to pursue the calling with which it seems to interfere to disadvantage. I need hardly remind men of business that all derangements of digestion which have once assumed a persistent or chronic character, are prone to go on, becoming aggravated as age advances, even without the continued exposure to the originally exciting causes to which they are to be attributed, and that the unremitted continuance of those habits of close application, confinement, and want of proper muscular exercise, may effectually bar a cure before they become so confirmed by the infirmity of declining years, as to render the hope of perfect cure very problematical.

Time of day for Exercise, &c.—I would now offer a few remarks as to the proper time and opportunity for taking exercise, as especially applicable to derangements of the stomach and intestines. Here, again, I have to deprecate a common error. Persons are in the habit of eating *hearty* and *hasty* meals, and immediately afterwards of undergoing considerable exertion, some in pursuit of occupations, others as they fancy, for healthful recreation. This is a serious error, and one for which dyspeptics are apt to undergo severe penalties of suffering.

I do not recommend the indulgence of that drowsy, heavy sleep, to which the luxurious give way after meals, for that is a fault in the other extreme. But it should be understood, that a given amount of nervous energy is required by the stomach to supply it with vigour in the performance of its functions, and that any violent exertion of the body draws off such energy to give impulse to other organs. And whereas, digestion is only carried on in a sluggish manner during sleep, it is barely carried on at all during active exercise.

As a general rule, I should recommend a state of rest for about two hours after a heavy (or principal) meal, or as nearly that time as possible, and at least three-quarters of an hour to an hour after the lightest meals in the day; such, for instance, as breakfast. For those whose cases are of a severe nature, and who suffer after every meal, however light and digestible, I should recommend that the semi-recumbent position should be retained during the period of rest after eating. When the weather is very unfavorable, and the walk out of doors does not promise to be as beneficial as it otherwise would be, or when the patient would run the risk of getting

wet, the expedient of walking about the apartment for half an hour after a proper period of rest, should be adopted.

As to the time of rest after meals, I have above stated a general rule only. Very much, however, depends upon the nature of the food of which the patient has partaken : and for those who have opportunities of observing regulations of this kind more minutely, I will endeavor to distinguish between different kinds of food, and to classify them according to the relative time required for digestion in the stomach, in the remarks which I shall have occasion to make on the all-important question of Diet.

Again, I would observe, with respect to exercise, that in severe cases of derangement of Digestion, the exertion should not be of a character to produce excessive or violent action of the heart or lungs. It is a sufficient ground for desisting from any form of exercise that it induces violent palpitation of the heart, or extremely accelerated respiration. These results alone are sufficient evidence that the system does not possess the strength and vigour required for such exertion.

GENERAL HABITS.

Few things are of more consequence to those who are subject to attacks of disordered digestion in any shape, or who are continually troubled with either or all of the complaints, to the consideration of which this work is especially devoted, than regularity of habits,—the avoidance of late hours and undue excitement—early rising—and the recurrence of meals at stated and equal intervals.

It is not sufficiently taken into account in general,

that whether the cause or the effect of other constitutional disturbance—whether idiopathic or sympathetic,—the various forms of dyspepsia are affected by every external influence, and are controlled by every moral or physical circumstance to which the patient is temporarily or permanently subject.

Whatever deranges any organic function, whatever disturbs the equipoise of the nervous energy, or calls forth an excess of irritability in any organic texture whatever, acts unduly as a stimulus, or detracts from the efficiency of the stimuli necessary to animal existence, promptly disturbs, or even arrests the process of nutrition. Wherefore it is obvious, that the avoidance of exciting, stimulating, or vexatious passions, or depressing emotions, is as essential to the effectual cure of confirmed dyspeptics, as the due observance of Dietetic regulations.

The free use of ablution with cold water (that is to say, with water moderately cold, but not so cold as to convey a shock), is also a most salutary hygienic precaution. The extreme vessels acquire tone, the circulation becomes more equable, the distribution of the substances and fluids which supply and sustain organic parts more perfect, the generation of animal heat more regular and proportionable, and the exhausted viscera quickly sympathise in this altered condition of the surface, and gain vigour from without, whilst they more effectually co-operate and return the additional efficiency of their functional action from within. The external surface, with all its complex apparatus of nervous, membranous and glandular organism, fulfils its duty, and becomes, in many instances, the safety-valve of the entire system.

The remarkable advantages derivable from this superficial and supplementary course of treatment is strikingly observable in those varieties of mucous dyspepsia, especially, with which morbid irritability or torpor of the liver becomes complicated. Over application should be avoided in all cases, but more especially in those of an obstinate and painful character.

Change of scene is often desirable in cases which appear to resist all other supplementary means; and particularly for such patients as are affected with extreme and insuperable depression of spirits, which is unfortunately one of the most frequent and painful of the characteristic attendants upon confirmed dyspepsia.

Many patients, to all appearances robust and healthy, are tormented with a degree of hypochondriasis which renders their lives a source of continual vexation, suffering, or tedium;—these are cases, for the most part, in which great self-denial, the most rigid temperance, a fair proportion of exercise, and a continual succession of interesting occupations, are often needful.

Some persons afflicted with the same intolerable depression, are of spare wiry frames, sunken and sallow visages, swarthy and sickly in appearance, but over-active both in mind and body. In such cases, quiet and repose are as necessary as occupation in the case just particularised.

DIET.

It has been customary to lay down a particular table of Articles which are proper for Diet, especially under Homœopathic Treatment, and to enumerate a series of articles which should, under all circumstances, be rejected.

With due submission to my more experienced colleagues, I am bound to affirm, that one chief point to which I owe my happy conversion to Homœopathy, has been the *invariable efficiency of the appropriate medicine*, even in *spite of all untoward circumstances as to diet*. I have more particularly noticed these gratifying results amongst poor patients, whose circumstances have rendered the observance of dietetic rules utterly impossible, - whose food has been either insufficient or unwholesome (perhaps both), whose dwellings have been ill-ventilated and over-crowded, and the locality of whose habitation has been most unfavorable.

One rule, however, it is desirable to observe, and that is to avoid articles of food which possess distinctly *medicinal principles*, and all articles which are known to disagree with the particular patient, although believed as a general rule, to be wholesome and nutritious. Amongst this Class, I might particularly enumerate the following :—

Articles which sometimes disagree, and should then be avoided.

FRUITS in season, whether raw or cooked.

MILK, and dishes prepared with milk.

EGGS, and dishes prepared with eggs.

ANIMAL FOOD of all kinds, *in some cases*.

MEAT BROTHS.

FARINACEOUS ARTICLES.

As a general rule, the articles mentioned in this list are wholesome, and may be eaten in moderation by persons afflicted with extreme delicacy of stomach.

RIPE FRUIT, in proper season, will be found to agree

with most persons, and is by no means unwholesome or difficult of digestion, even without cooking ; but the husk or rind, should be studiously rejected.

Strawberries, raspberries, currants, grapes, apples (in great moderation), peaches, nectarines (in great moderation), oranges (in great moderation), figs (in great moderation).

All oily fruits, however, such as nuts, olives, and the like, are invariably objectionable :—with the single exception, perhaps, of chestnuts, which, when *boiled* and reduced to a *pulpy meal*, appear to be both very easy of digestion, and very nutritious.

Plums uncooked should rarely be eaten by persons of delicate digestion ; but when cooked or dried, they are by no means very objectionable.

Dried fruits in general may be eaten in moderation, whether cooked or uncooked.

NEW MILK fresh from the cow, goat, &c., has been strongly objected to, as generally difficult of digestion. There are, nevertheless, some exceptions to this rule, and cases in which new milk is preferable to skimmed milk, whether boiled or unboiled.

The general rule should, however, be, that in using milk with or without boiling, or in preparing farinaceous and other dishes with milk, that from which one surface of cream has been taken is to be preferred.

Butter in general would be objected to on the same ground as new milk. It is, nevertheless, to be remarked, that good *fresh farm butter* is rarely found to disagree.

All varieties of salt, preserved, or rancid butter, are clearly objectionable.

Cream is by no means *necessary* as an article of Diet ; and, as it is likely in many cases to disagree, it may as

well be avoided. It should certainly not be eaten compounded with fruits, vegetables, or stews.

Cheese may be generally defined as improper for dyspeptics ;—not but what many persons who suffer severely from indigestion, after other articles of diet, can eat it with impunity :—these last are, however, exceptions, and may be free to take advantage of the exception, if they have a strong preference for cheese.

Eggs, when they do not disagree with the particular patient under treatment, are wholesome and easy of digestion, either as the ingredients of light-boiled puddings, or simply and very lightly boiled (barely set.)

ANIMAL FOOD.—By this term here, I would be understood, for the present, to limit its sense to dishes, consisting either wholly, or in part, of meat, fish, or fowl. For persons of delicate digestion—the leanest¹ meat alone should be employed as diet, and that only in very small quantities—not more frequently than once a day—within two hours after noon, and plainly roasted or boiled, without seasoning sauces (except gravy), or rich admixtures.

Broiled Meat is of all the most wholesome, nutritious, and easy of digestion : such as the lean of rump steak, cut thin and very tender, and broiled over a very quick fire from three to five minutes ; the lean and pith of the loin or neck of mutton cut into thin chops, stripped of all fat, &c., and broiled in the same way over a quick fire for from three to five minutes.

Plain Roasted Meat rather under-done may be named as next to be preferred after broiled meat.

Plain Boiled Meat without salt (brine) or seasoning :

¹ I do not mean the meat from lean animals, but the *lean only* of well fed cattle.

such as the neck of mutton, or some parts of beef, with plain boiled vegetables, is next to be preferred after roasted meat.

Baked Meat should be avoided.

The Fat of all Meat should be rejected.

All Greasy Meats, or poultry : such as pork, duck, goose, and fattened turkey, are to be avoided.

All Young or White Meats : such as veal, lamb, pork, &c., should be rejected.

All Salted or Preserved Meat is highly injurious.

Fish, either fried, or plainly boiled, (such as soles, whiting, turbot, brill, codfish, haddock, mullet, trout, smelts, white bait,) is generally allowable in moderation, and when not found to disagree with the particular patient under treatment. If *fried*, it should, if possible, be cooked in a pan full¹ of good boiling salad oil, over a very quick fire, or in default of oil, in butter, dripping, or even lard ; it should be removed from the pan without any grease, served perfectly dry and crisp, and *none of the browned* or exterior portion should be eaten, but only the *white flesh* within.

Salmon, herrings, mackerel, and other fish of an oily nature, are not so wholesome, and should be eaten, if at all, with great caution, and sparingly.

Poultry. — Amongst poultry, plain roasted young chicken, capon, lean turkey, guinea fowls, pigeons, &c., may be eaten by persons of the most delicate digestion. Boiled fowls are also allowable, but are by no means as easy of digestion as roasted, and are apt to become incapable of digestion by being the least over-boiled.

Game, such as pheasant, partridge, hare, venison, &c.,

¹ I mean so that the fish floats in the oil or grease

and wild-fowl, such as wood-pigeon, plover, and the like, if *fresh*, are nutritious, and easy of digestion; and are subject to the same particular regulations as meats and poultry.

Wild duck, grouse, blackcock, snipe, woodcock, &c., are to be avoided.

MEAT BROTHS.—Of these, the simple gravy of lean beef or mutton, or the liquor of calf's foot jelly, diluted or *not* with from one-third to one-half proportion of water, seasoned with salt only to taste, and eaten with dry toast—simply, or thickened with a little carrot, or other wholesome vegetable (but neither herbs, eschalots, onions, or garlic, &c.), vermicelli, Italian paste, macaroni, pearl barley, rice, sago, semolino, or the like (*previously well soaked in cold water and afterwards simmered*),—may be said to constitute the summary.

Made soups, or what are commonly termed plain soups, such as gravy soup, ox-tail, and the like, as they *are usually prepared* with pepper, or other spices, are to be rejected.

Even the old household mutton broth is not to be recommended. With respect to animal decoctions administered as broths in general, however, I would add that, as a general rule they are far more objectionable than is generally believed—if, indeed, this be not true of all *fluid food*.

FARINACEOUS ARTICLES, such as wheaten flour, maize flour (known as polinta), tapioca, sago, semolino, prepared embden groats, prepared farinaceous foods, such as Hecker's farina, prepared corn starch, and wheaten grits, Bermuda arrow root, small proportions of potato flour, of lentil powder, oatmeal, chestnut flour, and the like, either in the form of porridges, or light puddings,

are to be recommended, except in cases, in which, as before mentioned, they may be found to disagree.

Vegetables.—The majority of vegetables which do not possess some decidedly medicinal, aromatic principle, (as is the case with herbs, eschalots, garlic, onions, capsicums,) when plainly boiled, constitute the most wholesome description of food. It is, however, more particularly necessary to caution the patient against exceeding the limits which are properly allowable in *quantity*, as it not unfrequently happens, that when the appetite is a little craving, it is not until some time *after* having eaten *purely* vegetable food, that it is apparently satisfied.

Potatoes, are, perhaps, the *least* wholesome of the vegetables in ordinary use, unless, indeed, they be very good; and at the best, they should be eaten only with great caution. This rule is, nevertheless, not without exceptions, as potatoes are found to agree better than any other vegetable, with some persons.

[*Sweet Potatoes* cooked in an oven, so as to be dry and easily mashed, may be allowed in moderation to those naturally fond of them, provided they are found not to disagree with the patient; or they may be thoroughly cooked by boiling, and served up in milk, subject to the same restrictions.—Ed.]

[*Tomatoes* made into a plain sauce by being cooked, without seasoning, may be allowable, if they are found to agree with the patient, or they may be stewed down with a moderate quantity of sugar.—Ed.]

Raw Vegetables are said to be uniformly objectionable. The truth is, however, that all those which are usually so eaten (that is in salads),—such as lettuce, cucumbers, eschalots, horse-raddish, radishes, onions, celery, &c.,

possess *medicinal properties*, which render them objectionable.

Vegetables lightly Cooked, that is either plainly boiled, or stewed down with a little milk, such as sprouts, greens, vegetable marrow, *écorce-noir* (very sparingly), carrots, parsnips (very sparingly), broad beans, French beans, green peas, &c., are almost uniformly wholesome and nutritious.

Beet-root in moderation is allowable, if eaten without vinegar, or other objectionable dressing.

Table indicating the Period of Rest after Eating.

The subjoined table exhibits only a general classification, and is understood to be applicable to persons of very feeble digestion, and who always suffer after eating.

Raw Ripe Fruits, such as grapes especially, which are allowable when eaten in moderation, require little absolute rest, or, if the patient be recovering from a very acute attack, a period of half an hour's absolute rest.

Cooked Fruits require a period of from half an hour to an hour.

Milk, and dishes prepared with milk, boiled or baked, require a period of from an hour and a-half to two hours, according to sensations.

Eggs, if plainly boiled (not more than three minutes), and not quite set, require a period of about an hour.

Eggs, dishes prepared with eggs, such as plain puddings, custards, &c., a period of about an hour and a-half.

ANIMAL FOOD.—*Broiled Meat*, a period of about two hours.

“ *Roasted Meat*, a period of about two hours and a-half.

“ *Boiled Meat*, a period of about three hours.

“ *Fried Fish*, a period of about an hour and a-half.

“ *Boiled Fish*, a period of about two hours.

“ *Roasted Fowl*, a period of about three hours.

“ *Boiled Fowl*, a period of about three hours.

“ *Game*, a period of about an hour and a-half.

“ *Meat Broths* (such as those above described as desirable), a period of about an hour and a-half.

“ *Other Soups* (objectionable), a period of about four hours.

Farinaceous Articles (such as those above enumerated), require a period of about an hour.

Vegetables (such as those especially recommended), require a period of about an hour and a half.

Way in which the Food should be Eaten.

Next in importance to the nature and quantity of the food, is the manner in which the patient partakes of meals.

The appetite should be trained to return at stated periods, by exact punctuality of meal hours.

The patient should come to meals calmly, and without being hurried or excited, and should eat slowly without interruption, and without being irritated or excited by conversation, or the occurrence of any very pleasant or disagreeable incidents during the meal, from all of which unfavorable circumstances he should be studiously excluded.

The food should be eaten, and the meal quite completed before the patient drinks; indeed, the better way of all, if that can be managed, is to eat the principal meal of the day without drinking at all, either during or after it,—neither should the patient drink before the meal, as is commonly the case.

If the appetite requires to be coaxed by stimulating liquors, or even by the simplest fluid, it is clear that the stomach is not really prepared to receive the food.¹ The food should never be eaten or drunk at what is popularly termed "*piping heat*." Nothing is more prejudicial than the habit of eating the food so hot, that it almost scalds the palate, throat, and gullet.

An excellent test of the proper temperature of the food is the sensation;—for if there be the sensation of heat attending the passage of the food from the mouth to the stomach, be assured such food is too hot. No person should be conscious of any sensation of altered temperature as the food is swallowed.

On the other hand, iced or very cold food or drink is as injurious as the other extreme. There should no more

¹ There are a few exceptions to this rule, which are particularly apparent amongst persons who have been allopathically treated with that fatal panacea (?) Mercury.

be a sensation of cold than of heat, as the food passes into the stomach.

BEVERAGES.

With respect to beverages, I would first premise, that the most innocent, if not the most useful of all, is good pure filtered water ; not the hard water of some springs, but water naturally soft, and freed from extraneous matters by filtering. To this remark I would add a word concerning the temperature of this universal beverage which is no unimportant point.

Temperature of the Water for Drinking.

The temperature of the water for drinking should be proportionate to the temperature of the body and to the susceptibility to sensation of heat or cold.

There should be no sensation of coldness as it is swallowed ; and it is therefore obviqus, that when a patient is considerably warmer than under ordinary circumstances, the beverage should also be proportionably increased in heat.

Stimulating Beverages.

I need hardly repeat the general rule, that stimulating beverages are, one and all, injurious ; but I may appropriately add, that the sudden and total discontinuance of their use by persons who have been long accustomed to indulge in them, either as luxuries or necessities, is likely to prove as detrimental as the permanent continuance of the pernicious practice to which I allude. It is a well-known physiological fact, that poisons (and all

artificial stimulants are poisons) may continue to sustain a spurious vital energy and apparent functional vigour, until they are withheld:—that until such a moment, they will rarely develop *apparent* symptoms of poisoning (unless taken to great excess):—but that the moment the customary dose *ceases to be taken*, the whole mischief is revealed, and *actual symptoms of poisoning appear*.

This is a catastrophe to be especially dreaded in dealing with dyspeptics, who have been habitual or hard drinkers. And it is the more important a caution, that so many cases of simple or complicated Dyspepsia come under our notice, which are chiefly attributable to abuse of stimulating beverages.

It is particularly with your robust-looking, full-habited subjects, who induce acute or chronic gastritis by excesses of this kind, that great caution is to be observed in *gradually and insensibly reducing the quantity and intensity of the habitual stimulants*, till at least they may safely be trusted to water only.

Of the mischievous and stimulating beverages, fermented and spirituous liquors form the staple part; but to these must also be added, the deleterious and popular decoctions of tea and coffee.

An habitual tea-drinker is, no doubt, as difficult of cure as an habitual gin-drinker, and it may not be absolutely necessary to dispose of this beverage altogether. Those who have been in the habit of drinking tea from infancy, may even be allowed to adhere to the habit in moderation, provided the *strength* of the decoction be reduced.

Green Tea, in every shape, is objectionable, both on its own account, and on account of spurious admixtures.

Weak Black Tea may be tolerated, not only without

risk, but often with advantage, when it has been constantly used. More especially, as it may be borne in mind, that the mere decoction of the tea leaves does not possess any material proportion of the medicinal principle.¹

Coffee, on the other hand, is barely ever free from peculiarly irritating properties. Few persons, who do not use it daily, can drink it without being quickly awakened to a consciousness of this fact; and I would strongly dissuade dyspeptics from admitting it at their tables. If, however, they cannot peremptorily resist this favorite stimulant, I would recommend one other expedient, until the predilection gradually dies away:—which is to make it in the French method, in a coffee-pot consisting of two cylinders, the upper one of which (containing a coarsely-drilled plate or percolator at top, which is removable, and a very fine drilled and fixed plate at the bottom) fixes into the top of the lower cylinder. The ground coffee is then placed on the lower drilled plate, the upper drilled plate is let down over it, and boiling water is poured upon this upper plate, and gradually percolates through the coffee into the lower cylinder or receiver. Much of the mischievous portion of the coffee, which by the common method of boiling would have been dissolved and diffused through the fluid, is then left behind.

Having made the coffee in this manner, it should be drunk with boiled skimmed milk, added in the proportion of three parts to one of the coffee,—a method by

¹ The adulteration of tea has become so common, however, that it is not superfluous to caution dyspeptics against the black lead, French chalk, or mischievous ingredients which it is apt to contain.

which the coffee is yet more neutralized, and the beverage is rendered, if anything, more palatable.

[The *Prepared Cocoa*, of moderate strength, may be tolerated as a beverage, both on account of its nutritive and non-medicinal properties, provided it is found in no way disagreeable to the patient.

[*Broma*, another form of the cocoa, is often found to be an excellent and desirable beverage for persons suffering from debility of the digestive organs,—both of the above articles are usually put up in small parcels, accompanied with full and complete directions for their use.

[*Homœopathic Chocolate*, or chocolate divested in a great measure of its oily properties, may be regarded with favor, as it is a nutritious beverage, and rarely found to disagree.—Ed.]

COMMENDABLE ARTICLES OF DIET, FOR PERSONS OF VERY DELICATE DIGESTION.

Having offered a few general remarks on Diet, I think there is another exigency for which we are in a measure called upon to provide.

It is a constant subject of complaint amongst dyspeptic patients, that not only are articles of diet in general use apt to disagree with them, and to cause severe suffering after every meal, but that the appetite is constantly so fastidious, that although they *feel to want something*, and are conscious of a *sensation of sinking and faintness* for want of food, yet they can eat nothing which is set before them.

In such cases the appetite requires to be humoured a little, for although it is true, as a general rule, that the inclination to eat is the best index of the proper condition of the stomach to receive food, still, I must submit, that in many cases of severe dyspepsia good might be done by giving the stomach gentle employment, even when it seems to reject all food. I do not think that *complete vacuity* of the stomach, for any length of time, is always beneficial, for there are often instances in which some delicate and very light food might be eaten, retained, and properly digested, could the trial be suggested to the patient by the enumeration of a variety of little delicacies.

Acting upon this impression, I have determined to add a few brief directions for the preparations of various dishes which may be offered to invalids under all circumstances, (excepting, of course, those of a very active inflammatory state.)

Before I enter upon this branch of my subject, however, I would add one caution : namely, that although I shall name a

number of *fluid* dishes, such as *broths, &c.*, yet *solids* should almost invariably be preferred, if the patient can be induced to take them.

As to the beverages which I may have occasion to name, these are merely supplementary, and are suggested for cases in which there is much thirst and a repugnance (as sometimes occurs) to plain water. I do not by any means *recommend* the use of any of these supplementary beverages by *preference*; I wish merely to be understood as suggesting these for exceptional cases.

BROTHS, SOUPS, ETC.

Beef Broth or Tea—Two Varieties.

There are two excellent methods of making a plain beef broth or tea, to which *any additions of wholesome vegetable*, or of such articles as rice, pearl barley, semolino, sago, vermicelli, &c., may be made to thicken it, if the patient should prefer it thus.

1. *Plain.*—Take one pound of the lean of prime beef, whether from the rump or shin, which cut into very small pieces:—place the meat so cut into a hollow dish, and add just enough cold water¹ to moisten it (*from a jug previously containing a little less than four half pints of water*);—allow the meat so moistened to stand aside, covered over, for three quarters of an hour, then add a teaspoonful of salt, stir well, and pour in the *rest* of the water (from the jug just mentioned);—stir again, and place the whole in a stew-pan upon the hob, so that it may just rise to simmering heat. As soon as the liquor begins to simmer, skim with *cold* spoons or ladles, so as to remove any residue of fatty matter which may have been left in sorting the meat;—allow the liquor to simmer for about

¹ Filtered rainwater is best, *except* when thunderstorms prevail, or in cases in which it is tainted by the tar or pitch which coats the tub in which it is collected.

fifteen minutes—pour off into an open pan—pass three sheets of clean white paper over the surface—strain through a sieve—and serve up to the patient.

When this broth is frequently required, it is better to make larger quantities, that is, enough for forty-eight hours' demand, and to skim again after it has become cold,—just warming a sufficient quantity to be served when required. After a lapse of forty-eight hours in *ordinary* temperatures, of twenty-four hours in *very hot weather*, or of seventy-two hours in *very cold weather*, *fresh broth* should be prepared.

1 a. *With thickening*.—If the patient prefer this broth thickened, some very thin dry toast cut into small plugs may be added:—or one or two carrots or a turnip may be cut into small plugs, boiled in the steaming-vessel, and afterwards heated *again* with the liquor:—or again, a teaspoonful of rice, pearl barley, semolino, sago, or vermicelli, may be soaked in cold water for one hour, then simmered with the liquor until it is thoroughly softened (that is from ten to thirty minutes.)

2. *Plain*.—Take from two to three pounds of the leanest and fleshiest part of rump stake—chop it very fine—then place it into a cylindrical tin vessel, made on purpose, of which the outlet is small enough to be closed with a large cork, adding just water enough to moisten the meat—(a common oil flask answers the purpose very well, except for the difficulty of introducing and removing the meat)—place the vessel in a stew-pan full of *cold* water, so that the upper extremity rises above the water; then put the stew-pan on the hob near the fire, with a thermometer in it, observing it frequently, lest the quicksilver rise above 180° (Fahrenheit), when the stew-pan should immediately be moved further from the fire. Maintain the temperature at from 170° to 180° for forty-five minutes;—then remove and empty the vessel containing the meat and liquor, which strain through a hair sieve, pressing all the moisture from the meat with a small plate, saucer, or spoon. The liquor obtained may then be seasoned with a little salt to taste,

and may be served warm at any time within forty-eight hours. After that period it must be prepared fresh again.

2 a. *With thickening*.—The liquor yielded by this second method of preparation, may be thickened like the former (see 1 a.)

Mutton Broth.

Mutton Broth, like the foregoing, may be taken either plain or thickened, according to the taste of the patient. The best Bermuda arrow root, or Leath's farinaceous food, may be named as very palatable ingredients for thickening.

a. *Plain*.—Procure twelve ounces of the scrag end of neck of mutton, from the best of carcasses ;—strip off all fat or skin ;—bruise thoroughly the meat and bone together with a chopper ;—then place the meat in a hollow dish, with just enough cold water¹ (from a vessel previously containing three half pints of water) to moisten the solid matter ;—add a teaspoonful of salt ; cover over with a flat dish, and set aside for three quarters of an hour ;—then remove the liquor and meat into a stew-pan, and add the *remainder* of the water (from the vessel just mentioned) ; place the stew-pan upon the hob or trivet close to the fire, until the contents just simmer, when begin to skim (as directed for beef broth, at p. 38). Maintain the simmering heat for an hour and a half—strain through a hair sieve—skim again with three sheets of clean white paper—and serve, or set aside to cool, (as directed for Beef Broth, at p. 39.)

If likely to be frequently required, a sufficient quantity should be made for forty-eight hours' consumption, or in very cold weather for seventy-two hours' consumption.

After the lapse of forty-eight hours at *ordinary* temperatures, of twenty-four hours in very hot weather, or of seventy-two hours in very cold weather, fresh broth should be prepared.

¹ See the preceding Note, p. 38.

b. *With thickening.*—Mutton broth may be thickened in any of the methods suggested for Beef Broth, at p. 39; or, it may be rendered very palatable by being thickened with *arrow root* or good *farinaceous food*, as follows:—Take half a pint of the liquor, or broth, prepared as just directed—place it in a small saucepan on the fire;—meanwhile rub down half a teaspoonful of the best Bermuda arrow root or a small dessert-spoonful of farinaceous food, in a cup, with two table-spoonfuls of the liquor, *cold*, (slowly added, so that the arrow root, or farinaceous food, may be thoroughly distributed;);—as soon as the broth *boils* very gently, pour in the arrow root by very slow degrees, stirring the liquor in the saucepan briskly round from *left to right* the while. Keep the liquor at simmering heat, and continue stirring for about ten minutes,—then serve.

Veal Broth.

Veal broth is barely palatable without the addition of a little vegetable. I will therefore suppose it to be prepared in that way, although the vegetable may be omitted, and a teaspoonful of lemon juice introduced instead.

Procure twelve ounces of good knuckle of veal quite fresh;—strip off all skin and fat (as much as possible); bruise the meat and bone together with a chopper—place in a hollow dish, and add a teaspoonful of salt and just cold water¹ enough to moisten the meat (from a vessel previously containing a quart of water);—cover over, and stand aside for twenty minutes;—then add the *remainder* of the water (from the vessel just mentioned);—put the whole into a stew-pan on the hob or trivet, close to the fire: watch until it simmers, when begin to skim, (as directed for Beef Broth, at p. 38.) Maintain the liquor at just simmering heat for an hour and a half, skimming continually;—then pour off—strain through a hair sieve—and prepare the vegetables. [If no vegetable is to be used, cut up

¹ See the preceding Note, p. 38.

two very thin, crisp slices of dry toast into small pieces—put them into a large breakfast cup or small basin—fill up with the hot liquor—add ten drops of lemon juice—and serve.] If vegetables be preferred, proceed as follows:—take a small carrot and half of an ordinary sized turnip—cut into small slices and then into plugs—then add the liquor just prepared, and simmer the whole for about an hour. The broth may then be served with the vegetables, or may be strained again according to taste. Veal broth may also, of course, be thickened with any of the ingredients named for Beef Broth, at p. 39.

*Chicken Broth.*¹

Chicken broth may be either served *plain* or *thickened*. If plain, it will always require a few slips of thin, crisp, dry toast, to render it palatable; for otherwise, it is exceedingly insipid.

a. Plain.—Take a full grown but young chicken, picked, drawn, and *skinned*—cut it in halves—and to one half add half a pint of water—place into a hollow dish or basin—cover over and set aside for twenty minutes;—then add a teaspoonful of salt and a pint more water—place the whole in a clean saucepan upon the hob, and near the fire;—watch until it simmers, and immediately begin to skim (as directed for Beef Broth, at p. 38.) Maintain at a simmering heat for an hour and a half, skimming continually—pour off and strain

¹ A popular substitute for Chicken Broth, in some parts of the Continent (where it has even been employed *remedially* for persons of very *exhausted* health,) is *Snail Broth*. This is prepared from the large grey garden snail, which may be freely caught in hot dry weather, by inverting a flower pot (one edge raised, and resting on a tile,) over half a shovel full of *brewer's grains*. The snails are taken from the shells (by breaking the latter,) and about a dozen and a half are equivalent to the *half chicken*, above prescribed for Chicken Broth. In all other respects the same method of preparation applies.

through a hair sieve—skim again with three sheets of clean white paper—and the broth is ready to serve.

If *served with toast*, replace the liquor into a small saucepan to keep it hot—toast *slowly* a quarter of a round of bread, cut very thin, until it is lightly brown all over, and perfectly crisp—cut half up into very small pieces, put into a broth basin, and pour the hot liquor upon it.

b. Thickened.—Chicken broth may be thickened, and rendered very palatable with arrow root, farinaceous food, *pounded* biscuits, good oatmeal, or even wheaten flour, in the following manner:—

[*According to fancy.*]

Take, *if* of best Bermuda arrow root, 1 half teaspoonful.

“ “ farinaceous food, . . . 1 small dessert-spoonful.

“ “ pounded biscuit, . . . 1 dessert-spoonful.

“ “ oatmeal, 1 teaspoonful.

“ “ wheaten flour, . . . 1 dessert-spoonful.

To either of these (as the case may be) add gradually and gently two tablespoonfuls of the *cold* liquor, rub down well with a spoon until thoroughly mixed and smooth.

Then place a broth basinful of the liquor into a clean saucepan and place on the fire until it simmers, when gently and gradually add the thickening—stirring briskly round all the while *from left to right*. Maintain at simmering heat, and stir for ten minutes—then serve.

GRUEL.

Gruel may be prepared either from (1) fine oatmeal, (2) rough bruised groats, (3) *prepared groats*, (4) *farinaceous food*, or even (5) sago.

If *rough bruised groats* be used, it will be desirable to strain through a *coarse hair sieve* into the broth basin or cup, as soon as the gruel is *ready to serve*.

In either of the cases 1, 2, 3, and 4, the method of preparing is as follows :¹—Take of the oatmeal or groats three teaspoonfuls, or of farinaceous food two dessert-spoonfuls—place in an open basin ;—set apart about a pint of water—pour the water, *a little at a time*, on the *groats, &c.*,—rub down with a spoon, so as to be thoroughly mixed and smooth :—proceed thus until all the water is added. Then place the whole in a clean saucepan on a very gentle fire, and continue to stir gently until it boils. Allow it to boil about three minutes (at the most,) still continuing to stir ;—then pour out upon a dessert-spoonful of the best moist sugar in the basin in which it is to be served—mix thoroughly—and serve *very promptly*.

A little slice of thin dry toast, and in cases in which *no fever is present*, a teaspoonful of sound sherry, may also be added, if, desired.

If *with sago* ; take of sago and water the same proportions—mix in a jar or hollow dish—cover over and set aside for twenty minutes ;—then pour into a clean saucepan and place on a very *gentle* fire, stirring continually, until it has boiled about two minutes, or until considerably thickened and semi-transparent. Then add sugar as before directed, and *serve promptly*.

A teaspoonful of *sherry* may be added, if desired, subject to the conditions just expressly mentioned.

Note.—*Either of these varieties of gruel may be prepared partly or entirely with MILK, if preferred.*

¹ It is recommended by some, *besides* the sugar, to use about a teaspoonful of salt. If the patient prefer it so, it may be allowed ; but I should always advise the *omission* of the salt.

ARROW ROOT.

Arrow root may be prepared either with water only, with part water and part milk, or with milk only. The choice of these methods should be dependent upon the taste of the patient, and on the consideration whether or not milk be found to agree.

Take of the best Bermuda arrow root a dessert-spoonful—(or a teaspoonful if preferred *thin*)—put it into a large cup, and add by degrees two table-spoonfuls of cold water (or milk, as the case may be;)—mix thoroughly until perfectly smooth;—then add a little more than half a pint more of water (or milk);—put the whole into a clean saucepan—place on the fire, and continue stirring, until it has *boiled* two minutes;—then pour out upon a dessert-spoonful of the best moist sugar, mix thoroughly, and serve *promptly*.

A teaspoonful of sound sherry may be added, if the patient prefer it, provided there *be no fever*.

PUDDINGS, PANADAS, JELLIES, ETC.

RICE PUDDING BAKED, AND RICE-MILK.

Rice Pudding, Baked.—Take two table-spoonfuls of the best rice—place into a small basin—rinse in cold water ;—then pour off the water used for rinsing, and add a wine-glassful of clean cold water—cover over, and set aside to soak for three-quarters of an hour ;—then strain off, and dry thoroughly with a cloth. Next put the rice into a clean saucepan, with a little more than a pint of milk, and one or two very small slips of lemon-peel, and two or three bay leaves, in a small muslin bag (so that they can be removed)—place on a gentle fire—and simmer until the rice is thoroughly softened ;—then remove from the fire, and when somewhat cooled, add the best part of two eggs, beaten up with two dessert-spoonfuls of the best moist sugar—pour into a hollow dish (previously greased with good butter)—and place in an oven at moderate heat for 35 minutes, being careful to check the heat if the pudding should be scorched.

Rice-Milk.—Take the same quantity of rice as just directed, and treat in the same manner with cold water ;—dry, and put into a saucepan with rather more than a pint of milk—and place upon a gentle fire, stirring occasionally, and keeping at a simmering heat until the rice is quite soft, and is thoroughly stewed to pieces ;—then add sugar to taste, and serve.

VERMICELLI PUDDING—VERMICELLI-MILK.

Vermicelli should be mashed in cold water (just enough to moisten it thoroughly) before it is used, but twenty minutes will be found long enough for maceration in this instance.

Vermicelli Pudding,¹—may be made by adding about three dessert-spoonfuls of vermicelli, as just described, to one pint of milk already boiling (and in which lemon-peel has been boiled for ten minutes)—boiling gently, and stirring for half an hour :—then adding the best part of two eggs, beaten up with a dessert-spoonful of the best moist sugar—and baking the whole in a hollow dish (previously greased with fresh butter) for twenty minutes.

Vermicelli-Milk—is simply made by breaking up a good table-spoonful of vermicelli in a table-spoonful of cold water, as above directed—straining—and introducing it into a pint of boiling milk (in which lemon-peel has been boiled for ten minutes)—boiling together for fifteen minutes—adding sugar to taste—and serving promptly.

A dessert-spoonful of good sherry may be added to either of these dishes if preferred, provided *no fever is present*.

TAPIOCA, SEMOLINO—SAGO, ETC.

In Puddings or Milk.

Tapioca, Semolino, or Sago, should be soaked in cold water in sufficient quantity to moisten it for twenty minutes before use.

Puddings.—Either of these articles may be made into baked puddings by taking about four dessert-spoonfuls—macerating in water—and adding to a pint of boiling milk—proceeding in all respects as directed for vermicelli pudding.

In Milk.—The same course should be adopted as directed for vermicelli (above), with this difference, that either of these ingredients should be simmered twenty-five minutes, being briskly stirred the while.

¹ Macaroni may be used in preference to vermicelli,—if that is desired—by soaking about three ounces of it in cold water for forty minutes—straining and adding to the pint of boiling milk. In other respects, the method is the same as above directed.

PANADAS.

Very palatable, nourishing, and digestible panadas may be made with or without an admixture of animal food (especially poultry.)

Panadas, when made without meat (or poultry), may be prepared with *milk instead of water*, as directed below, when preferred, and known to agree.

It is also to be observed that either salt or sugar may be used,—that is, where salt is directed to be used below, a dessert-spoonful of the best moist sugar may be substituted (unless flesh of any kind is introduced, when salt only must be used.)

a. Without flesh.—Take a stale French roll, or two rounds of stale household bread, and tear or rub it in small pieces into a stewpan;—then add just enough water to keep all the bread soaked;—place the stewpan on a gentle fire, keeping it continually stirred until it has boiled from five to ten minutes;—then add two pinches of salt (and if it be thought the stomach can bear it, a very small pat of good fresh butter);—stir well again;—meanwhile beat up the yolk of one egg thoroughly with about a wine-glassful of milk;—then lift the saucepan from the fire to the hob (so near as just to be retained at boiling heat)—and quickly pour in the beaten yolk of egg—stirring very briskly—and pouring off into the basin in which it is to be served.

b. With flesh.—If flesh of any kind be used, that from the breast of a tender chicken (previously cooked, and cold) is the best; but in default of that, the *lean* of cold sirloin of beef, or loin of mutton, may be used. Take the other ingredients as before;—then, with a fork, tear off the breast of a chicken, or cold meat, as directed, in very thin shreds, to two ounces in weight,—pound in a mortar, with two table-spoonfuls of milk and half a teaspoonful of salt,—add these ingredients to the bread and water, and proceed as before.

BREAD PUDDING.¹

There are two kinds of pudding, both of which are very palatable and digestible, which I shall include under this head; one of which may be made with (1) household bread—and the other, for very fastidious appetites, (2) with stale sponge cake.

Flavouring.—In either case the subjoined methods of flavouring may be adopted or omitted at discretion:—cut a thin slice from the centre of an *orange*—(or in default, of that of an *apple*,) removing the pips (or core and peel of the apple)—cut into very small slips, and mix with the egg and sugar, as below directed.

To make the pudding.—(1.) With bread.—Pour two breakfast-cupfuls of milk into a saucepan—in which sink a small muslin bag containing one or two small slips of lemon-peel;—place the saucepan on the fire until the milk boils;—then remove the lemon-peel—and add from two to three ounces of bread-crumbs previously rubbed down:—stir well;—meanwhile beat up two eggs with a table-spoonful of fine moist sugar, and pour gradually into the milk and bread—stirring briskly—transfer to a hollow dish (greased with good fresh butter); and bake at a moderate heat for forty-five minutes.

(2.) Take four sponge cakes—place in a basin—and pour thereon about two breakfast-cupfuls of boiling milk (flavoured with lemon-peel as above, see 1)—cover over, and set aside to soak for twenty minutes;—then add eggs and sugar beaten up as above (see 1)—pour off into a hollow dish, and bake as just directed (see 1).

CUSTARD PUDDING.

Beat up four eggs with three dessert-spoonfuls of the best moist sugar—whip for two minutes;—meanwhile boil three

¹ [It would be better to avoid the use of orange or lemon peel in flavoring these puddings, because of their medicinal properties. The centre of the sweet orange, as well as thin slices of the ripe apple, may be used without being liable to the same objection.—Ed.]

teacupfuls of milk (flavouring with lemon-peel, as directed for Bread Pudding above at p. 49)—and, when boiling, pour off upon the eggs beaten as above;—then transfer the whole into a hollow dish, and bake at a moderate heat for a quarter of an hour or twenty minutes, checking the heat whenever any indication of burning occurs. *This pudding must be constantly watched whilst in the oven.*

CARROT PUDDING.

This is one of the nicest dishes of the kind which can be made, and as it is in few cases likely to disagree, I am inclined to name it. The objection to most made dishes consists in the necessary introduction of spices, condiments, or other prejudicial seasonings; and they are by no means required in carrot pudding. The only objectionable article is the suet, which cannot be dispensed with. It will, however, be for the patient to determine whether the fatty matter occasions inconvenience, such as acrid risings, &c., in which case it should not be used.

Method of Making.—Select carrots free from woody core, and either boil soft and pound down to pulp in a mortar, or grate raw to half a pound in weight;—mince six ounces of suet very fine (removing all the membranous parts);—pick and stone four ounces of Malaga raisins—and wash three ounces of the best currants;—pound down three ounces of the best loaf sugar;—and mix all of these ingredients thoroughly with four ounces of household flour;—then take six table-spoonfuls of milk—with which beat up two small eggs, and the yolk of a third—whip for three minutes briskly—and then pour in and mix thoroughly with the other ingredients,—more milk can be added if the materials be not sufficiently moist;—when these ingredients have been well kneaded together, they should be introduced into a hollow dish, and baked at a steady heat for half an hour, or a little more (if necessary.)

JELLIES.

Jellies, when they can be conveniently prepared, should be constantly kept where there are invalids.

They may be used either plain or flavoured with a small proportion of wine (if there be *no fever*), pale brandy (with the same reservation), orange, quince, apple, or any other fresh and ripe, or preserved fruit, or fruit jelly, according to taste.

Another method of rendering jellies particularly tempting to persons of delicate and fastidious appetites, is to *interlay* the jelly with such fresh or preserved fruits—by pouring first a very small quantity of the plain *calf's-foot jelly-stock* (melted by gentle heat) into a basin or *mould*—allowing it to set—then depositing a thin layer of the fruit or preserve—then again adding a little more jelly—then (when that is set) a little more fruit,—and so on.

If ice be at hand, and it be desirable to get the jellies ready quickly, it may be mingled with salt in a bucket or deep basin in which the jelly moulds may be sunk for more rapid refrigeration.

To make the Jelly.

The jelly itself may be made either from (1) good gelatine, or the best Russia Isinglass, or from (2) calf's feet.

In using gelatine or isinglass for the jelly-stock, there is one advantage, which is that it may be used *immediately*, whereas the jelly-stock from calf's foot should have been prepared at least eighteen hours.

(1.) To make jelly-stock from gelatine or isinglass, use three quarters of an ounce of either to every pint of water—dissolve gradually by mixing in cold water in a stewpan, placing the stewpan on a gentle fire, and stirring from time to time until

the liquor has *boiled away* to half its original measure ;—then strain through a jelly-bag—allow it to set—and re-dissolve when required for use.

(2.) *Calf's-Foot Jelly* is made by cutting up one calf's foot to every three pints of water which will be required, immersing the calf's foot in a basin containing the proper quantity of cold water—covering over—and standing aside to soak for forty-five minutes ;—then transferring the whole into a stewpan—and placing it over a steady fire. The contents of the stewpan should be made to boil by slow degrees ; and as soon as the boiling commences, the vessel should be moved from the fire, to a sufficient distance to keep it just simmering, for about four hours, (a little more or less according to the waste,) and skimming constantly ; after this the liquor should be strained through a *fine hair sieve*, and set aside to cool until firm, after which all the greasy matter may be readily removed from the surface.

Calf's-Foot Jelly for Table.

Having obtained the stock jelly, as just directed—the simple calf's-foot jelly, as it is served for table, may be prepared as follows (assuming three pints of water to have been the quantity) :—

Mix in a stewpan, a large wine-glassful of water, and the same quantity of sherry, in which squeeze from two to three lemons, adding the rind of one lemon, the white and shells of two eggs, (or even three, if small,) and a quarter of a pound of the finest pounded loaf sugar ;—whip these ingredients briskly until the sugar is thoroughly melted ;—pour in the jelly (before prepared) just warm enough to be thoroughly fluid—place on a steady fire and continue whipping briskly until boiling succeeds ;—then pour off—strain repeatedly through the jelly-bag until the liquor filters quite bright and clear—when it may be set aside in basins, cups, or moulds to set.

Orange Jelly.

This may be prepared, either with the calf's-foot jelly-stock, prepared as above directed, or with isinglass.

Orange Jelly.—Pare off the outer (coloured) rind of three oranges, and take a small slip of lemon-peel pared off in like manner;—place these in a hollow dish;—then squeeze the juice of the three oranges, and about a dessert-spoonful of lemon juice upon the rind;—cover over, and set aside for twenty minutes;—meanwhile pound down two ounces of the finest loaf sugar, to which add half a tumblerful of water;—place in a very small stewpan over a gentle fire until the liquor becomes thicker;—then add the juice and rind of the fruit (prepared as above directed), and replace the vessel upon the fire, removing all scum very carefully, as soon as boiling commences;—then if the liquor be very thick, add a little more water, (about a wine-glassful,) and, as soon as boiling begins again, add either half a pint of the stock jelly (previously melted), or three quarters of an ounce of isinglass;—stir well—and pour off—straining through the jelly-bag.

If it be preferred, and *no fever* be present, the addition of a table-spoonful of pale cognac brandy, or of two table-spoonfuls of good sherry, before straining, may be allowed.

[It is a question, whether much importance is to be attached to the use of jellies as articles of diet for dyspeptics, inasmuch as the nutrition they afford to the general system in a physiological point of view, entitles them to little consideration, especially those prepared from the gelatine of animals.—Ed.]

ANIMAL FOOD.

FISH.

With respect to fish, one thing is very essential: namely, that it shall be *well done*, which can be easily ascertained by introducing the point of a knife close to the bone, and observing whether the flesh is really separated.

In *boiling* fish, about a desert-spoonful of salt should be added to every quart of water required.

If *fried*, a sufficient quantity of oil or grease should be used to float it; and when done, it should be removed on a perforated ladle, so as to drain quite dry, before it is dished.

If *broiled*, the fish should be thoroughly dried before it is placed on the gridiron (which last should be slightly greased), and it should then be placed over a *clear* fire.

In other respects the general method of dressing fish applies.

MEAT.

Rump Steak—should be stripped of all fat, very tender, and cut thin. It is generally, as well, to beat it once or twice before cooking. It should then be placed on the gridiron over a quick fire—and turned at intervals of a minute. It should not be allowed to broil more than seven minutes,—five being enough in most cases.

Mutton Chops.—The chops cut from the *neck* of mutton are generally preferable for invalids;—they should be taken from a choice joint, stripped of all fat—and broiled over a quick fire from five to seven minutes, being turned every minute. The chops from the loin should be done in the same manner.

POULTRY.

Chicken.—A young, tender chicken is often a very inviting, and generally a very wholesome dish for invalids, whether boiled or roasted.

If *roasted*,—when properly trussed, the chicken should be hung or placed on the spit, before a brisk fire, for about twenty to thirty minutes—when it has been down about five or six minutes, a small quantity of pure melted fresh butter should be poured over it. Care should be taken, that it does not scorch from excess of heat.

If *boiled*,—a sufficient quantity of water with a teaspoonful of salt should be made to boil in a saucepan,—into which the chicken should then be placed, and thus gently boiled for twenty-five minutes at the utmost.

In either method—the breast only should be eaten by the patient.

Partridges may be roasted in the same way as chickens, but twelve minutes will suffice, if the fire be sufficiently brisk to do them properly.

Larks—three or four skewered together—may be served as a very inviting dish, on dry toast—if *broiled*, for five minutes, over a very brisk fire.

FRUITS.

APPLES.

Apples, when well-cooked, furnish dishes which are not only very palatable and tempting, but very wholesome, and which may be eaten by persons in the most delicate health, and even in the acute stages of stomachic disorders.

Baked—plain—Procure any highly flavoured apples—hard winter apples are preferable—cut them in halves, remove the core, &c., refit them together, and tie them in pieces of very thin paper, previously smeared with good fresh butter, somewhat loose;—then place them in the oven at a moderate, steady heat, for twenty-five minutes;—remove the paper—and grate some fine loaf sugar over them—set aside to cool—and serve them when cold.

Baked with Syrup.—Take of the finest loaf sugar, half a pound, and of soft filtered water, eight table-spoonfuls;—boil down together at a gentle heat, in a small stewpan, for a quarter of an hour;—then pare three good, well-flavoured apples, removing the core by boring (as with a slicing blade)—place them in a shallow tin—pour over them the syrup just prepared—add a wine-glassfull more water, acidulated with ten drops of lemon juice—place in the oven at a moderate, steady heat for thirty minutes—remove into a dish—set aside to cool—and serve when cold.

In Marmalade, which can either be served as soon as it becomes cold, or may be preserved in jars. Take eight moderate sized and well-flavoured apples¹—pare and remove the core—place in a basin, and squeeze over them the juice of a lemon. Then prepare a syrup by boiling down a pound of the finest loaf

¹ Such as will boil down to a perfectly smooth pulp are required.

sugar with a tumblerful of water, for twenty minutes ;—when this is done, add the apples and lemon-juice, and keep at barely simmering heat, untill the apples are all reduced to pulp ;—when this object is attained, submit the stew-pan to greater heat—add a little grated lemon-peel—stir briskly and incessantly until it becomes thoroughly consistent—when it may be stored in jars—set aside to cool—and either served with bread, biscuit, and the like, or preserved.

Stewed.—Pare and quarter three or four fine apples—having first prepared a syrup as above directed for “*apples baked with syrup* ;”—add a teaspoonful of lemon-juice and three very thin strips of lemon-peel ;—put all these ingredients together in a shallow stew-pan, and place over a very gentle fire, so that a barely simmering heat is maintained ;—after they have stewed thus for fifteen minutes, pierce the apples with a fork from time to time to ascertain when soonest they become thoroughly softened ;—as soon as this is the case, pour them off with the syrup—set them aside to cool—and serve when quite cold.

PEARS.

This is also a most delicious and wholesome fruit when properly dressed.

Stewed.—Take four hard winter pears, if they are to be got, such as “*iron pears*,” and proceed as directed for “*stewed apples*.”

PEACHES.

Stewed.—Take four large peaches, quite ripe, and *fresh gathered*—*Noblesse* are the best ;—peel them carefully without bruising¹—having first prepared a syrup, as directed for “*apples baked with syrup* ;”—place the peaches in a shallow stewpan with the syrup—add a teaspoonful of lemon-juice (and if the

¹ If it be preferred, they may be carefully parted, and the stones removed.

syrup be too thick, two or three table-spoonfuls more water); then stew the whole at a very gentle heat (continually moving the fruit over and over very gently with a spoon) for about twenty-five minutes;—take the fruit out and set aside in a dish;—then stew the syrup at a quick heat until it becomes thick (say about ten or fifteen minutes)—pour it over the fruit—set the whole aside to cool—and serve when quite cold.

CURRENTS AND RASPBERRIES.

Homely fruits which are very easy of access, and very wholesome.

Extempore Jelly.—Take of red currants, perfectly ripe, fresh gathered, and quite dry, two pounds; of white currants, in like manner, one pound, (or of red currants only, three pounds); of ripe and small raspberries, three pounds;—strip the fruit of all stalk—place in a stewpan over a moderate fire, and boil for eighteen minutes;—then pour off through a fine hair sieve, until the juice is quite strained off;—then strain again through four folds of book muslin;—weigh the juice so obtained;—then pound down the best loaf sugar to half the weight of the juice;—to one-half part of the juice obtained as above, add Russia isinglass in the proportion of an ounce and a-half for every pound weight of the whole juice;—expose in a small saucepan to gentle heat, until the isinglass is thoroughly dissolved;—then add the rest of the juice and the sugar;—boil gently for fifteen minutes—strain through a jelly-bag—set aside in moulds or basins to cool and set—and serve in jelly-glasses.

Summary of proportions.—To every pound weight of juice, half a pound of sugar and an ounce and a-half of isinglass.

BEVERAGES.

Fruit syrups, with water, are amongst the most pleasant and desirable of beverages for invalids.

CURRANT AND RASPBERRY SYRUPS.

To make them.—Select choice fruit (either currants or raspberries, as the case may be,) fresh gathered in dry, warm weather, and after the dew has dried off, and perfectly ripe;—strip off all stalks—wash down in a basin—spread a clean coarse cloth over another basin, and pour off the fruit and juice from the first into the cloth (in the second);—wring out the juice—and strain it through a fine hair sieve. Then pour off the strained juice into an earthen jar, glazed within, and thoroughly clean, and set aside in a dark cool place until the juice is curdled (not less than thirty-six hours). Now strain again through a fine hair sieve, and then again through four folds of fine muslin or calico (*previously well washed in rain water without soap.*)

Having thus obtained clear juice, ascertain the weight accurately, and pound down in a mortar exactly the same weight of the finest loaf sugar—mix together—set aside—and stir occasionally, until the sugar is perfectly melted (about two hours). When this is the case, pour off the syrup into a broad, shallow stewpan, very clean and bright within—place over a gentle fire until it has boiled for eight minutes—skimming off all froth as fast as it gathers on the surface—set aside for twelve hours in a cool, dark place, in open vessels (covered only with a clean sheet of paper)—remove any froth which may have appeared on the surface—and store away in bottles scrupulously *clean*, and *perfectly dry*:—cork down and seal:—preserve in a cellar.

To make the Beverage.

From one to four dessert spoonfuls (according to taste) of either of these syrups, to half a pint of pure spring water, will make a very pleasant drink, and may be allowed even when fever is present.

BARLEY WATER OR BARLEY TEA.

There are two excellent methods of making barley water :— (1) the one without boiling the pearl barley, and which is more properly called barley tea ; (2) the other, and which is certainly preferable, with boiling.

(1.) *Without Boiling.*—Take two ounces of the best pearl barley—spread on *one end* of a clean, soft cloth, fold the *other end* over, and rub gently over the barley grains—until upon examination you find them quite clean ;¹—then place them in a clean porcelain or bright metal vessel, capable of holding from a quart to a gallon of water—add two ounces of the best loaf sugar, finely pounded—and (if the patient fancy it) a quarter of an ounce of thin pared lemon-peel ;—sink the vessel in a basin, and pour boiling water into the basin to heat it ;—then pour from a quart to a gallon (according to requirement) of water, boiling hard, into the vessel containing the barley, sugar, &c., stirring briskly for three minutes ;—then cover the vessel over—remove from the basin in which it stood—and set aside to cool. In eight hours the liquor may be poured off through a fine hair sieve, and is fit for use.

(2.) *With Boiling.*—Take of the best pearl barley two dessert-spoonfuls—of the best pounded loaf sugar two dessert-spoonfuls—of lemon-peel one small slice (if the patient fancy it)—and of lemon juice (if fancied) one dessert-spoonful ;—having procured these articles, and placed them at hand, clean the barley with a dry, soft cloth, as directed in the last recipe, and

¹ They must not have been wet, before the hot water is poured on.

place it in a well-polished stewpan, with about two quarts of cold water (filtered rain water if possible);—as soon as the water boils, if lemon-peel be added, drop it in—remove all froth which gathers on the surface as boiling continues—add the sugar and lemon juice, or the sugar only—continue to boil until the barley is thoroughly softened—then strain off through four folds of muslin (previously well washed without soap)—and set aside to cool.¹

OATMEAL BEVERAGE OR OATMEAL TEA.

A very pleasant drink may be prepared from coarse bruised groats, or from oatmeal, by proceeding as to quantities, &c., just as directed for Barley Water (*without boiling*), at p. 58.

APPLE BEVERAGE—APPLE TEA.

(1.) *Apple Tea*.—This drink, which is very pleasant, is best made with fruit previously roasted or cooked dry, by open exposure to the heat of the fire, as on the edge of the hob or bars. Four fine apples should be used for every quart of the tea required, and the best Demerara sugar should be added to the extent of two ounces.

The whole of these ingredients—to which a table-spoonful of lemon syrup (prepared as stated in Note 2, at p. 58) may be

¹ From this, when no lemon or peel has been used, may be prepared a very pleasant variety of lemonade or orangeade—by preparing a syrup with five ounces of sugar (for the above-named quantity) boiled down for seventeen minutes in a tumblerful of water—adding the whole of three small lemons (or two ordinary sized oranges) stripped of rind and cut into thin slices—and a small quantity (a few slices) of lemon-peel—boiling again for a few minutes—and finally, adding the whole of the barley water above specified, and boiling very gently again for from ten to fifteen minutes—straining through several folds of muslin (previously well washed)—and setting aside to cool.

added or not, according to fancy—should then be placed in a cylindrical porcelain jar sunk in a basin of boiling water—and boiling water should be quickly poured upon the fruit, &c., which should be briskly stirred for a few seconds—and then covered down—set aside to cool—strained through four folds of muslin—and served on request.

(2.) *Apple Beverage* of another kind may be made by slicing six full-sized apples into a basin, stoning a quarter of a pound of raisins, and bruising down two ounces of loaf sugar—the whole of which ingredients should be thrown together into three pints of *boiling water*, and kept boiling for thirty minutes. After this, the whole should be set aside in a capacious covered jar to cool, and should be strained through a fine hair sieve—and served when cold.

Figs of equal weight may be used instead of raisins.

A drink may similarly be made, with from eighteen to twenty-four French plums to the same quantity of water, and the addition of a dessert-spoonful of lemon juice.

TOAST WATER.

Toast water may be of three kinds :—(1) *plain* ; (2) *slightly flavoured* with good pale brandy or port wine ;¹ (3) *slightly acidulated*.

(1) *Plain*.—Toast your bread by very slow degrees—until it is completely browned on all sides—then do it more quickly until it becomes very dark, but not burnt. It is better cut in thick slices than in junk (as is commonly the case) :—thus, if you require a quart of the beverage, cut off two rounds of bread (preferably the *top and bottom* of the loaf) of ordinary thickness—toast as just directed—cut into smaller pieces—place in a capacious jar, capable of being covered, and which is sunk in a basin of hot water—pour in the boiling water—

¹ It is thus, that I should for a time recommend its use for those who become the victims of Dyspepsia, in consequence of habitual excesses in the use of spirituous liquors.

cover securely—set aside to cool—strain through a fine hair sieve—and serve.

(2.) *Slightly flavoured* with brandy or wine. If it be thought advisable to admit of brandy or wine (that is if no active inflammatory symptoms be present), to every pint of the toast and water prepared as above (see 1), add two table-spoonfuls of the best pale brandy, or four table-spoonfuls of port wine.

(3.) *Slightly acidulated*.—If the patient fancy the toast and water acidulated, — to every pint of the liquor, prepared as above, add a table-spoonful of fine pounded sugar, and a dessert-spoonful of lemon juice.

LEMONADE AND ORANGEADE.

Lemonade may be made in two ways—one with and the other without boiling.

(1.) *With boiling*.—Into three pints of boiling water put two ounces of fine Malaga raisins, stoned;—let them boil gently for twenty-five minutes;—meanwhile slice two small lemons (one with the rind, the other without) very thin—and add that also with an ounce of Demerara sugar to the boiling liquor;—boil for fifteen minutes more, and skim;—then set aside in a closed vessel to cool—strain through four folds of muslin (previously well washed without soap)—and serve.

(2.) *Without Boiling. (Lemon Tea)*.—Slice two lemons very thin (one stripped of the rind, and the other not)—pound down two ounces of sugar-candy—add a tea-spoonful of the finest Bermuda arrow root—half an apple sliced—and one fig cut in halves—place all together in a capacious jar in the oven (*unclosed*) till quite hot;—then pour thereon three pints of boiling water—stir briskly—cover over—set on the hob to macerate for thirty minutes (stirring frequently)—remove to cool—strain through a jelly-bag—and serve when quite cold.

Orangeade may be made like lemonade in every respect, and in either method—two small St. Michael oranges being used instead of the lemons (as stated.)

TABLE OF THE MEDICINES

PREScribed IN THIS WORK.

Chief List in Globules.

	<i>Potency chiefly prescribed.</i>	<i>Additional potencies.</i>
Aconitum napellus.....	3.....	12
Alumina or Argilla.....	12.....	—
Antimonium crudum.....	5.....	12
Arsenicum album.....	3.....	12
Belladonna atropa	3.....	6, 12
Bryonia alba.....	3.....	6, 12
Calcareo carbonica.....	5.....	12
Cantharides.....	3.....	12
Carbo vegetabilis.....	5.....	12
Chamomilla vulgaris.....	3.....	12
Hepar sulphuris.....	5.....	—
Ipecacuanha.....	3.....	—
Lachesis.....	12.....	30
Lycopodium.....	5.....	12
Mercurius solubilis Hahnemanni	5.....	12
Nux vomica.....	3.....	12
Opium	3.....	—
Plumbum metallicum.....	12.....	—
Pulsatilla nigricans.....	3.....	12
Rhus toxicodendron.....	3.....	—
Sepia (Sepiæ succus).....	12.....	—
Sulphur sublimatum.....	5.....	12

	<i>Potency chiefly prescribed.</i>	<i>Additional potencies.</i>
Sulphuris acidum.....	3.....	12
Veratrum album.....	3.....	—

Selection for use in Tinctures.

Aconitum napellus.....	3.....	—
Antimonium crudum.....	5.....	—
Arsenicum album.....	3.....	—
Belladonna atropa.....	3.....	—
Bryonia alba.....	3.....	—
Cantharides.....	3.....	—
Chamomilla vulgaris.....	3.....	—
Ipecacuanha.....	3.....	—
Nux vomica.....	3.....	—
Opium.....	3.....	—
Pulsatilla nigricans.....	3.....	—
Veratrum album.....	3.....	—

Supplementary List.

Cannabis sativa.....	3.....	—
Causticum	5.....	30
Conium maculatum.....	3.....	—
Graphites.....	5.....	12, 30
Hammanelis	3.....	—
Kreasotum.....	3.....	12
Natrum muriaticum.....	3.....	12
Nitri acidum.....	3.....	12
Phosphorus.....	3.....	12
Platina.....	12.....	30
Ruta graveolens.....	2.....	—
Sarsaparilla.....	3.....	—
Stannum.....	12.....	30
Staphysagria	12.....	3
Tartarus emeticus.....	6.....	—
Zincum metallicum.....	12.....	—

Note.—For persons who reside at some distance from any Homœopathic Dispensary—family chests¹ containing either a selection of the twelve medicines in tincture (named in the *second* list), or of the whole of those named in the *first* list with or without the additional potencies, according to convenience; or, again, the whole of those included in the *first* and *third* lists (if a complete supply is obtainable) are much to be recommended.

Not only do these household means provide for emergencies pending the arrival of medical aid, but they also remove the inconvenience attending the transmission of advice by correspondence—which without such domestic provision, would involve the transmission of medicine also.

In cases in which *globules* are at hand, and *tincture* is prescribed, take *six* globules to every *one drop* of tincture ordered, and proceed in other respects, as directed in the instance in question.

It is worthy of notice that Homœopathic Medicines require to be very delicately manipulated; and that to ensure their fullest efficacy, they should be obtained directly or indirectly of persons of known standing, and who are exclusively occupied with this particular department of pharmacy.

¹ These chests are to be procured in either form at the Pharmacy of Rademacher & Sheek, Arch Street below Seventh, whose reputation for having a full assortment of genuine Homœopathic remedies is well known to the Homœopathic profession.

ON INDIGESTION, CONSTIPATION, ETC.

INTRODUCTION.

BEFORE entering into what may be considered the proper and immediate subject of the present Treatise, it has been considered not altogether irrelevant to present to the reader a popular and plain account of the various organs employed in preparing the food for undergoing the various processes concerned in the functions of digestion and assimilation. For it will scarcely admit of being questioned, that before the subject of Indigestion, and its various consequences, can be systematically considered, or the principles upon which this disease can be prevented or cured, by an appropriate treatment, can be clearly and satisfactorily understood, the reader must have attained some acquaintance with the complicated machinery by which Nature extracts aliment from the various articles of food. The manifold and complex processes concerned in this wondrous transmutation, are expressed by the very comprehensive term *Digestion*, though we sometimes find this term so restricted, as to denote only those preparatory changes which the food is made to undergo in the stomach.

ORGANS OF DIGESTION.

The mouth is circumscribed laterally by the cheeks, anteriorly by the lips, posteriorly by the velum palati, above by the arch of the palate, and below by the tongue. The cavity of the mouth and the organs it contains are lined by a common mucous membrane. This membrane forms a fold opposite the symphysis of the chin, called the frænum of the lower lip. Beneath the tongue we have another fold, the frænum of the tongue; the membrane is then continued over the epiglottis into the larynx and pharynx. The lips are chiefly composed of muscles; they are covered on the outer side by the common integument, and on the inner side lined with the mucous membrane of the mouth.

The Palate.—The palate, or as it is commonly called, the roof of the mouth, presents a species of arch; from the anterior to the posterior of the palate, a white depressed line extends in the median line of the body; on this arch the common mucous membrane is denser than on the other parts of the mouth, and is interspersed with numerous perforations, the orifices of mucous follicles. The gums are continuous with the membrane of the palate.

The Velum Palati, or soft Palate, is a soft, broad, moveable partition, situate at the extremity of the palate, which it serves to separate from the mouth; its upper edge adheres to the arch of the palate bone; its lower edge is extended to the root of the tongue. At its middle part we observe a prolongation, termed the *uvula*. The velum of the palate serves to prevent what we wish to swallow from passing into the nose. The

pillars of the velum palati are united above, but diverge below, and are separated by a triangular space, in which the tonsils are lodged. The tonsils are somewhat of the size and shape of almonds, whence they are called *amygdalæ*; they are situate between the anterior and posterior pillars of the soft palate.

The Pharynx.—This is a funnel-shaped musculo-membranous canal, situate behind the tongue; it extends from the base of the tongue to near the middle of the neck; it rests on the vertebral column, and laterally it is in contact with the common and internal carotid arteries, the internal jugular veins, and the pneumogastric nerves. Anteriorly, on a level with the nasal fossa and mouth, the cavity of the pharynx is open; opposite the commencement of the trachea it contracts, and terminates in the œsophagus.

The pharynx has many openings, by which it communicates with the adjacent cavities. A mucous membrane, presenting a very deep red tint, lines the entire cavity of the pharynx. The pharynx receives the food from the mouth, and by the action of its muscles conveys it to the œsophagus.

PORTIONS ILLUSTRATED IN THE PLATE.

(A.) *The Œsophagus*, or as it is popularly called the *gullet*, is a musculo-membranous canal, reaching from the lower part of the pharynx to the upper orifice of the stomach. It lies between the trachea and the vertebræ, and in the neck it deviates a little to the left; in the thorax it proceeds behind the base of the heart, and between the layers of the posterior mediastinum. On entering the thorax, it passes downwards on the

right of the aorta; then it perforates the diaphragm, and soon arrives at the stomach. It is composed of a muscular coat and a mucous membrane. The muscular coat consists of two layers:—the external consisting of hard, thick, strong, longitudinal fibres; whilst the internal is formed of circular fibres, thinner than the former. The mucous membrane of the œsophagus is soft and white, and seems to be continuous with the membrane of the pharynx. The office of the œsophagus is to convey the food from the pharynx into the stomach.

The Stomach is the principal organ of digestion; it is an elongated, musculo-membranous reservoir, continuous superiorly with the œsophagus, and inferiorly with the duodenum. It is located beneath the diaphragm, between the liver and the spleen, occupying, at the upper part of the abdomen, the epigastrium and a part of the left hypochondrium. Its office is to receive the food from the œsophagus, and afterwards to convert it into chyme before transmitting it to the intestines. The stomach has two orifices; the one termed the *cardiac*, which is a termination of the œsophagus; the other, which communicates with the small intestines, and to which the term *pylorus* has been assigned. The pylorus is raised up, being nearly, but not quite, level with the cardiac, so that its upper and lower surface form, as it were, two concentric circles, one on the upper side, which is called the small curvature, and one on the lower, which is termed the great curvature. The stomach is situated immediately below the diaphragm, the cardiac being nearly opposite the middle of the vertebræ. From thence it bulges out to the left side, the great curvature coming forward and downwards; it then passes on to the right side, rising upwards, so that the *pylorus* is not

much further from the diaphragm than the *cardiac*; so that when a man stands erect, substances must ascend to pass through the pylorus. Its situation, however, and relation with the neighbouring organs, will always suffer variations according to its degree of distension; the following remarks, therefore, are worthy of attention:—in its flaccid state it occupies the *epigastrium*, and part of the left *hypochondrium*; whilst, when distended, it exchanges its flattened for a round form, and fills almost entirely the left hypochondrium; the great curvature descends towards the umbilicus, particularly on the left side; on account of the resistances of the vertebral column, the posterior surface of the stomach cannot distend itself in that direction, hence the organ is entirely carried forward. The dilatation of the stomach produces very important changes in the abdomen; the total volume of the cavity is augmented. The belly jets out; the abdominal viscera are compressed with greater force; and the necessity of passing urine and fæces is frequently felt.

The stomach is generally represented as consisting of several membranes, the *peritoneal*, *muscular*, and *mucous or villous coat*. To the villous coat we shall confine our attention, that being the only proper intestinal coat, or the membrane containing the aliment. This coat or membrane presents a whitish-red appearance, it has numerous rugæ or folds, which serve to accommodate the capacity of the stomach to the bulk of its contents, and, at the same time, to retain the aliment until it is duly elaborated. It is usually lined with mucus, and contains several follicles. The stomach is very vascular, it is also well supplied with nerves; these consisting of branches from the eighth pair of nerves, and several filaments

from the solar plexus of the great sympathetic. At the pylorus, the mucous membrane thickens and forms a fold which performs the part of a valve. We may recapitulate the following points:—

The *cardiac* or large extremity of the stomach (*h*) is situated in the hypochondriac region, approaches the spleen, and is higher than the small extremity.

The *upper surface* (*g*) is turned towards the diaphragm, the under towards the intestine.

The *large curvature* (*e*) is situated obliquely forwards and downwards. The *small curvature* (*d*) is opposite to the large one, and towards the spine.

The *left*, or *cardiac* aperture of the stomach, is the termination (*h*) of the œsophagus.

The *right aperture*, or the pylorus (*c*), terminates in the stomach to the right, and communicates with the duodenum (at the point *f*).

The small intestines have been distinguished into three divisions, namely, the *Duodenum*, *Jejunum*, and the *Ilium*.

The *Duodenum*, so called on account of its length, being commonly estimated at twelve fingers' breadth, is that part of the intestinal canal which immediately succeeds the stomach. It commences at the valve of the pylorus; at its commencement, it turns backwards and downwards for a short way; then it turns towards the right kidney; here it forms a sacculated angle, and in this depending part, the ducts for conveying the pancreatic (*l*) and biliary (*b*) secretions enter the intestine; it now ascends from the right to the left, just before the aorta and the last dorsal vertebra; its mucous membrane presents many villi, and many follicles for the secretion of its own peculiar fluid, called *valvulæ conniventes*,

which increase the surface of the intestine, whilst they prevent the too-rapid passage of its contents. So important are the changes which the food undergoes in this intestine, that it has been regarded and styled a second stomach. Many of the affections erroneously attributed to the stomach derive their origin from ulceration of this viscus. This intestine occupies the middle part of the abdomen, where it is concealed by the transverse mesocolon and the stomach.

Jejunum.—The point at which the duodenum ends and the jejunum commences is not well defined; it is a continuation of the duodenum, and is generally considered as beginning where the mesentery arises.

The *Ilium* (*s*).—This is the continuation of the jejunum and the last division of the small intestine, at the point at which it communicates with the large intestine.

The large intestines exceed the others in diameter, but are less in length. The cæcum, or blind gut (*i*), constitutes the first division of this portion of the canal; it is, however, by some considered merely as the commencement of the colon (*m*), which constitutes the principal tract of the large intestines, and exceeds them all in diameter. This gut commences on the right side in the cavity of the os ilium; thence ascending by the kidney of the same side, it passes under the concave side of the liver, and then runs under the bottom of the stomach to the spleen on the left side, and thence assuming the form of the Greek sigma (Σ) it terminates, in the upper part of the sacrum, in the rectum (*k*). Thus we see it is contiguous to all the digestive organs, and may, therefore, produce much disturbance by its distension. The colon has been divided into the ascending portion (*i. i.*) which extends from the cæcum to the right hypochon-

drium, the *transverse portion* (*x. x.*), and the descending portion (*n*), the *sigmoid flexure* of the colon.

The *Rectum* (*k*) is the termination of the intestinal canal, beginning at the upper portion of the os sacrum, where the colon ends, and going down straight; its coats are thicker and more fluting than those of any other intestine; it has, in general, no valves but many rugæ.

THE PROCESS OF DIGESTION.

The food is first subjected to the mechanical process of division by the teeth, and during its mastication it becomes ultimately mixed with a chemical solvent, which prepares it for the process it has to undergo in the stomach. When the food is introduced into the stomach, it appears to remain there a short time before it undergoes any change; but the solvent power of the fluid, called the *gastric juice*, soon produces that change upon the aliment, called digestion, which converts the food into chyme. Many have considered, as we have already seen, that the duodenum was a second stomach; for as soon as the chyme has arrived at this part of the alimentary canal, it becomes converted into a more highly animalised substance, called the *chyle*; this is taken up by a set of minute vessels, commencing in the extended valvular apparatus of the mucous membrane of the intestine, through thousands and tens of thousands of orifices, which take up and imbibe the chyle. These vessels have been called *lacteals*.

Thus we see, that the function of the small intestines is to separate the nutritious matter from the fæculent, and to convey the latter into the colon. As it passes along, the nutritive principles of the food having been

absorbed into the circulation,¹ the residue is urged forward by what is called the peristaltic motion, the ingesta losing, as they proceed towards the cæcum, any portion of the chyle which may have escaped the lacteals. The remainder of the contents accumulate in the colon, and acquire the peculiar fætor which distinguishes the fæces.

The principal function of the large intestines is to imbibe the remaining fluid in proportion to the wants of the system, as well as to carry out of the system the waste incident to the changes of the œconomy, which is not removed by the kidneys. The fæcal matter, as it passes along the colon, becomes more solid, and at length, when it enters the rectum, it forms a bulky mass, which distends its parietes and creates a sense of uneasiness, and soon announces the necessity of evacuation.

¹ I have stated the matter thus, simply to indicate the mere course of the aliment and the process of its absorption. Recent medical discovery has led to the belief that the *whole* of the aliment is taken up, and that the *refuse*, or *feculent* matter, is subsequently ejected, and thus given back to the portion of the canal whose office is to act as a conduit.



PART I.

DYSPEPSIA.

INTRODUCTORY REMARKS.

By the term *Dyspepsia*, which is synonymous with *Indigestion*, we understand imperfect, laborious, or painful digestion,—any derangement, in fact, of that function by which the food taken into the stomach is converted into chyle. When we consider the complexity of this function, we shall feel no surprise at the so-frequent occurrence of this affection. The stomach has not merely to receive and retain, for a certain time, the aliment which enters it, and then to expel it by a simple propulsive action; it has further to keep this aliment by a sort of churning motion, in a constant state of agitation, whereby the food becomes subjected to a peculiar chemical process, the chief and active agent in which is a certain fluid secreted from the inner surface of the gastric organ, commonly called the gastric fluid or juice.

From this view of the digestive process, it will appear, immediately, how very liable the stomach must be to functional derangement. Besides the complex nature of the process of digestion, there are other reasons why the stomach should be the seat of many disturbances. In the first place, we know the stomach to be abundantly

supplied with blood, which is required for its secreting function, and which renders it liable to suffer from the opposite states of plethora and anæmia. There exists also another cause of disturbance, which is still more extensive and frequent in its operation, namely, its intimate and close sympathy with other organs. For this it is indebted, no doubt, to the great supply of nerves which it receives both from the cerebro-spinal and the ganglionic system. When organs are disturbed, the stomach is so frequently found to become affected, that, not without some show of reasons, some have supposed it to be the first mover of every disease to which man is liable. The increasing prevalence of affections of the gastric organ in the present time, whilst the quality of our diet is not more irritating to the stomach than that of our fathers, forces us to seek the origin of such affections in parts of the system, on which modern habits exert a more direct influence—namely, in the nervous system, which throughout the several classes of society is unceasingly perturbed, and, as it were, paralysed, by the enervating luxuries, the intellectual toil and excitement, or by the commercial anxieties, and ardent efforts and struggles of men, who can procure a subsistence solely by the laborious and intensely-strained exercise of their inventive faculties. Hence it would appear, that he, who in investigating the causes of the frequency of gastric ailments should not look beyond excesses, or mere errors of diet, would take but a very contracted view indeed. So admirably organised is the gastric organ, so capable is it of accommodating itself to all the apparently pernicious usage which in the selection of food it receives from the necessities, the vices, or the caprices of mankind, that were there no other source of

derangement or disturbance, the organ would perform its function with very little impairment. The insensibility of the stomach, whereby it tolerates the presence of substances such as no other organ, undefended by epidermis, could endure, is well known; the means by which this organ is enabled to escape injury to its structure, when scalding liquids, acrid medicinal substances, and even mechanical irritants are received into it, are, probably, the abundant secretion of mucus, and the capability which its mucous membranes possess of accommodating themselves to varying quantities of blood.

We must bear in mind, however, that however well the gastric organ, in its healthy state, is capable of tolerating and resisting the seemingly-destructive influence of several substances used in diet, when it has once declined from its normal state, the simplest of them may immediately become powerful irritants.

As practical utility is the more immediate object which we have in view in the present treatise, we shall take but little notice of the minute divisions and subtle distinctions which have been indulged in by various writers, in their Essays on the subject of Indigestion. We shall not, I mean to say, have recourse to such divisions, farther than seems to be called for by the nature of the subject.

The Term Dyspepsia, which, according to its etymology, should serve merely to express slowness and difficulty of digestion, has been employed by writers in senses so different, that it seems to have lost all strict meaning. We know that slowness and difficulty of digestion may be owing to very different causes, and may be accompanied by a crowd of variable symptoms, which proceed from lesions and functional disturbance,

altogether different. Thus, whilst one author designates, by the term *Dyspepsia*, difficult digestion, or the too-long tarrying of the food in the stomach; another extends the term to all the disturbances which may supervene during chymification; whilst a third sees in it a combination of the symptoms proper to almost all the affections of the stomach, whether idiopathic or sympathetic. Before proceeding to the more immediate object of the present treatise, namely, *Indigestion*, or what may be considered the chronic form of gastritis, we shall first consider the disease in its acute form:—not that such a view of the subject is, perhaps, borne out by facts,—but because, in attempting to describe a disease essentially and for the most part chronic, it may seem more methodical to present a brief sketch of the disease in its acute form, subsequently proceeding with the less violent, painful, or apparent, but more tedious, continued, and intractable varieties of derangement which may either imperceptibly supervene from various causes, or may ensue from neglect, or mismanagement of the acute form.

ACUTE INFLAMMATION OF THE STOMACH, OR GASTRITIS.

The acute form of Gastritis is not uncommon, more especially, in warm climates. The affection becomes developed under the influence of rapid atmospheric changes or the use of unwholesome food.

CAUSES.—The most usual *cause* of an attack of this kind is excess in eating, when the stomach is in a weakened state, or when indigestible substances are

taken. The taking of a cold drink when the system is heated has been known to cause it. The abuse of spirituous liquors, a blow or fall on the epigastrium; the retrocession of gout, or of an eruption on the skin, may also give rise to the affection.

SYMPTOMS.—The *Symptoms* ordinarily accompanying this disease, are:—repugnance or aversion to food, a sense of weight and fulness at the epigastrium, the same part being also affected with a sense of pain, more or less severe, particularly on pressure; nausea and frequent eructations, which often bring up bitter or acrid fluids, or gaseous matters, tasting somewhat like sulphuretted hydrogen; and with these local affections there are frequently combined pain in the lumbar region, aching of the limbs, dull pain in the head along the supra-orbital ridge, confusion or incapacity of thought, and in general, great prostration and despondency; this state is in general attended by shiverings; fever is present, and becomes, after some time, still more developed; the mouth becomes hot, and the tongue in general red on the edges, yellowish and dry; the patient, as may be supposed, complains of great thirst, and feels a great desire for acids; there is in general hiccough, and sometimes vomiting; the patient also becomes constipated; his breathing is more or less oppressed; delirium also may supervene.

TREATMENT.

As the selection of the remedy in this and every other affection about to be treated on Homœopathic principles is determined by the precise group of symptoms present at the time, we shall be directed, in our enumeration of

such remedies, by the symptoms indicating them. It may, however, not be amiss to premise, that in this disease the most rigid diet is indispensably necessary; the patient becomes unable to digest the simplest and lightest food, the least portion of which, when taken into the stomach, serves but to aggravate the case.

With respect to remedies—

Aconite may always be given at the commencement, as being the great antiphlogistic remedy of the Homœopathic practitioner, when inflammatory fever is present; when the patient complains of great thirst; when clear water flows from the stomach, with nausea; when the patient vomits bilious, greenish, or mucous matter; when there is great weight at the epigastrium, and the respiration is difficult; when there is a feeling of constriction, or tightness at the stomach, as if from acrid substances, and more especially when the fever runs very high.

Dose.—A drop of the tincture, at the 3d dilution, in four teaspoonfuls of pure water, a teaspoonful every two or three hours, as it may be required.

Antimonium c. is indicated when the tongue is coated with a white or yellow mucus; when there is loss of appetite, eructation with the taste of the food, or acrid vomiting of mucus and bile; sense of fulness in the epigastrium, or spasmodic, crampy pain in that part. This remedy is more particularly indicated at the commencement of the disease, when it dates its origin from overloading the stomach.

Dose.—A drop of the tincture, at the 5th dilution, in four teaspoonfuls of water, a teaspoonful every three or four hours.

Arsenicum is indicated in alternation with *Aconite*, especially when the disease is occasioned by cold on the stomach, by cold drink, eating ice, &c. ; or if the vital powers be prostrated, with pale, hippocratic face, cold extremities, more especially in cases where *Veratrum* has been tried and found insufficient ; likewise under a combination of several of the following circumstances : when the tongue is white, or blueish, or of a bright red, or brownish or blackish, dry or coated and trembling ; when there is intense thirst, ardent desire of cold water, acids, and brandy ; insurmountable aversion to all food ; nausea ; vomiting of food and of drink very violent, chiefly after eating or drinking, or at night ; or of mucous, bilious, or serous matter of a yellowish, greenish, brownish, or blackish colour ; severe pain at the epigastrium in vomiting ; inflation and tension in the epigastrium ; great pain on pressure at the epigastrium ; a sense of pressure there, as from a stone ; feeling of great distress in the præcordial region ; cramping pain, feeling of coldness, or of excessive pain in the stomach, and burning ; strength much prostrated ; face much altered ; eyes deep sunk, with a dark circle around them ; nose pointed ; pulse irregular and weak, small and frequent.

Dose.—A drop of the tincture, at the 3d dilution, in four teaspoonfuls of pure water, a teaspoonful to be taken every half hour, or every hour, or at longer intervals.

Belladonna may be given when cerebral symptoms have set in with dullness, loss of consciousness, delirium, &c.

Dose.—A drop of the tincture, at the 3d dilution, in four teaspoonfuls of water, a teaspoonful every four hours, or to be alternated with another remedy which

may appear better adapted to the local symptoms. An hour or two should elapse between the two remedies.

Bryonia after *Acon.* or *Ipec.*, especially when the disease was caused by taking a cold drink whilst heated. This medicine is also particularly indicated when the patient complains of dryness of the mouth, with burning thirst; tongue covered with a white coating, or rather dirty; loss of appetite; great desire for acids; morbid desire for food, or total aversion to all kinds of food; vomiting of food and drink, and also of viscid mucus; incisive pain in the stomach; tensive pain on the least contact, with a feeling of heat; cold and shivering over the body.

Dose—A drop of the tincture at the 3d dilution in four teaspoonfuls of water, a teaspoonful every two, three, or four hours, as required.

Veratrum is indicated when the following symptoms are present:—excessive coldness of the extremities, sudden prostration, pale and hippocratic face: further, when there is a craving for cold drinks, with intense thirst; violent nausea, amounting even to syncope; violent vomiting with continued nausea; great exhaustion, preceded by coldness of the hands, with shuddering of the whole body, accompanied with general heat, and followed by ebullition of blood and heat in the hands; bitter or sour vomiting.

Dose.—A drop of the tincture at the 3d dilution in four teaspoonfuls of water, a teaspoonful every two or three hours, as it may be required.

Ipecacuanha is indicated when the tongue is furred with white, yellow coating; insipid, clammy taste; no

thirst; vomiting of undigested food, or of greenish, bilious matter. It is of use chiefly at the onset.

Dose.—A drop of the tincture at the 3d dilution in four teaspoonfuls of water, a teaspoonful every two or three hours.

NOTE.—In the treatment of *acute gastritis* medicines of a higher attenuation than those specified, may be used with advantage, for instance: When *arsenicum* is indicated, the 12th, or even the 18th, or 30th, may be preferable, and the same remark may be made with reference to the other remedies specified.

The use of *Tart. Emet.* is indicated when there is continual nausea, and inclination to vomit, with pain in the stomach, as if overloaded; with considerable anguish, and pressure at the pit of the stomach, accompanied with great prostration and coldness of the extremities.

CHRONIC DERANGEMENT OF THE STOMACH AND BOWELS.

Having now taken a rapid sketch of the symptoms, causes, and treatment of the acute form of Gastritis, we next proceed to consider the subject of the chronic form of this disease, which, whether we are in a strictly pathological sense warranted in considering as synonymous with indigestion, we shall not delay to consider; in so doing, we are quite certain we shall not be far out, as far as treatment is concerned. We need not be surprised to find that authors differ as to the meaning which should be attached to the terms Indigestion and Dyspepsia, when we find that they are not agreed on the sense in which the term Digestion itself should be understood.

We have already at the head of this treatise considered the complexity of the digestive function ; in accordance with what we have there said, we may define *Indigestion* to be an affection in which one or more of the several processes by which aliment is converted into blood, &c., are imperfectly performed. This malady, one of the most prevalent in the great catalogue of diseases, more especially in the various grades of society in this country, demands special consideration on the part of the homœopathic practitioner, inasmuch as no monograph has as yet appeared from the homœopathic school on that interesting and important subject. As the practical and successful treatment of this affection is of far more importance just now, than the subtle and minute consideration of the precise pathological state of the stomach, on which the symptoms presenting themselves may depend, I intend to take but very little notice of the divisions which may have been given of *Indigestion*. The division of this affection into imperfect chymification and imperfect duodenal digestion, recommends itself by its simplicity ; and as such an arrangement is moreover serviceable, by its enabling us to refer the symptoms as they occur to their proper and real cause, we shall adopt it.

The symptoms referable to imperfect chymification, are those, in general, which first indicate the approach of indigestion, and frequently recur at intervals, for a long period, without causing any constitutional disturbance or even local distress sufficient to awaken the alarm of the patient. Sometimes they are produced only by the use of particular articles of food, or under the influence of peculiar circumstances ; whilst at other times they supervene on the taking in of every kind of food. In the

former case the affliction may be attributable to some peculiar idiosyncrasy, or to a weakened condition of the stomach. In order clearly to understand the symptoms characterising the early stages of indigestion, be it remembered that the living principle of our organs possesses the power of preventing the chemical changes to which their contents would, under other circumstances, be exposed. The blood does not coagulate in the vessels which contain it; the urine does not suffer decomposition in the bladder whilst it is healthy; neither does the food undergo fermentation in the stomach, unless that organ be in a state of disease; but if its vital powers fail, the chemical affinities gain the mastery, and various symptoms appear, which point out the change which has been produced. Under such circumstances, the symptoms which present themselves, when the stomach, either from the quantity or quality of the food, is unable to perform its necessary duties, are:—uneasiness and feeling of weight and distension in the region of the stomach; acidity, eructations of disengaged air; nausea, arising, no doubt, from an effort of the stomach to rid itself of that which it is unable to digest. There is a feeling of chilliness, and a general sense of lassitude arising from the sympathy produced upon the nervous and sanguiferous systems.

SYMPATHETIC AFFECTIONS.

SYMPATHY PRODUCED ON THE NERVOUS AND SANGUIFEROUS SYSTEMS.

It is particularly towards the termination of chymification that these effects are experienced; after a time they pass off, and the rest of the process of digestion takes place in the ordinary and normal way. These symptoms may attend a mere casual fit of indigestion, from the influence of various circumstances,—such as an overloaded stomach, food hard of digestion, too full a meal after fatigue or long fasting, constipated bowels, or any other cause inducing temporary debility of the stomach.

In every change which the food undergoes in the stomach we have the combined operation of mechanical and chemical agents, viz. :—the mechanical movements of the stomach, and the chemical power of the gastric juice. Indigestion is to be attributed to the failure or imperfect operation of these necessary actions; however perfect the gastric juice may be, if the proper *churning* in the stomach do not take place, perfect chyme cannot be elaborated, and no motions of the stomach, however active, will make up for a deficiency in the alimentary solvent.

The secretion of the gastric fluid in the stomach may be influenced directly by causes acting immediately on that organ, or by such as affect it through the medium of sympathy. Among the first may be reckoned the injudicious ingestion of narcotic substances. Those causes which act through the medium of sympathy are

much more numerous and influential than the former. Passions of the mind, fear, anxiety, are well known to affect the nervous system, and through that medium the stomach; it is well known, that the receipt of unpleasant intelligence at meal-time will render a person incapable of tasting a morsel no matter how greedy the appetite of the individual may have been previously. The stomach is well known to have close sympathy with the skin; also with the urinary organs; nephritic complaints being almost invariably associated with nausea.

With respect to the causes which may interfere with the mechanical process essential to chymification, a few remarks may now be made. The most common and most influential of those is undue distension, which has the power of depressing or paralysing the powers of the stomach.

The Symptoms arising from Duodenal Indigestion

are readily distinguishable from those depending on an affection of the stomach. The distress in an affection of this kind is not felt until some time after the indigestible meal, and then no oppression is felt at the epigastrium, but on the right side, and some puffiness is frequently perceptible in the region occupied by the intestine. Sometimes a severe pain is complained of in the back, more especially in the region of the right kidney. That headache should occur as a symptom of indigestion will not appear strange, when we consider the close sympathy subsisting between the nerves of the stomach and the brain. Of this dyspeptic headache there are two forms: the one may be referred to a fault in the stomach, the other to a defective action of the upper bowels. The

former is distinguished by a languid and feeble, but not an unnaturally frequent pulse; the tongue is whitish, and slightly coated; the edges are of a pale red colour. The patient perceives a sensation of mistiness before the eyes, and general indistinctness of vision; he complains of a dull pain or weight of the head, is giddy, and afraid of falling; there is slight nausea, and often a feeling of constriction about the fauces, accompanied with a watery secretion from the posterior part of the mouth. Coldness, slight stiffness, or numbness of the fingers are sometimes present. The species of headache depending on irritation in the bowels, probably in the duodenum, is distinguished by the appearance of brilliant ocular spectres which distress the patient; chilliness of the body, and coldness and dampness of the hands and feet; very severe pain of head, attended with a sensation of coldness and tightness of the scalp, slight giddiness, weight, distension, and stiffness of the eyeballs. Sometimes we may have tingling and numbness of the fingers and hands; tongue usually covered with a yellowish-white fur; pulse not frequent, but languid; flatulency and a sensation of dryness and inactivity of the bowels. The last symptom has been considered pathognomonic.

BILIOUS, OR STOMACHIC HEADACHE.

The *stomachic* headache generally occurs in the earlier stage of digestion; the duodenal headache happens when the food has passed into the intestine; headaches may arise also from causes distinct from the alimentary canal, as from congestion of the brain, &c. Dr. Warren, who has written an admirable paper on the subject, in the 'Medical Transactions,' observes, that headaches arising

from congestion of the brain, are distinguished from those of dyspeptic origin, by the plethoric symptoms, by a full and oppressed pulse, by a difference in the character of the pain, which, in the headache arising from fulness of blood, is accompanied with throbbing, and a sense of action in the system, which alarms the feelings; whilst the pain of dyspeptic headaches is described, as being either a dull aching, or else, a racking pain, often moving from one part of the head to another, and attended with soreness of the scalp.

In the first, the eyes look red and full; in the second, they have a languid appearance.

Another cause (or result) of indigestion is biliary derangement, as this fluid may be deficient, redundant, or vitiated;—and of this variety, I will subjoin a few particulars.

SYMPATHETIC DERANGEMENT OF THE LIVER AND BILIARY SECRETION.

The derangement of the *primary* organs of digestion, which consists in a morbid condition, whether active or passive, of the mucous or lining surfaces of the stomach, may, if allowed to continue unarrested, more particularly if the patient has been exposed to the influences of miasmata, or to the vertical sun and excessive exhalation of a tropical climate, sooner or later involve the liver in their disordered condition. But, inasmuch as the distinctions afforded for the treatment of this branch of sympathetic affections, may be best distinguished in the *symptoms* which occur to indicate the selection of the various medicines, severally and respectively, it would be superfluous to enter here upon a prolix particularisation of the varieties incidental to disorders of this nature.

PROGRESS OF THE CHRONIC FORMS OF DISORDERED DIGESTION.

Having now been as explicit, and as full as seems to be necessary for practical purposes, on the pathology, symptoms, and causes of Dyspepsia, we shall proceed to consider the treatment of the several phases of this affection. We shall, however, for the sake of greater perspicuity, retouch a few of the most prominent points in our portrait of this protean disease. The affection sometimes may occur as a consequence of acute gastritis; more frequently, however, it is referable to one or more of the following causes:—viz., the use of stimulating medicines, such as drastic purgatives, violent emetics, narcotic or astringent medicines; alcoholic drinks; tea and coffee used habitually; overloading the stomach; intense study; late hours; tight lacing or compression, and blows or falls on the epigastric region; prolonged residence in damp situations; violent mental emotions, as anger, grief, &c.

Various are the aspects which this disease assumes, each distinguished by a peculiar group of symptoms. Mere derangement of the stomach, which is the earliest form of the disease, is comparatively mild, and of short duration. The leading character of this is a feeling of uneasiness, on pressure over the epigastrium;—there is, as we have already seen, loss of appetite; nausea; vomiting of greenish, yellow, and bitter bile; a yellowish tinge on the nostrils and upper lip; sense of languor and fatigue.

The second stage of this disease is still more marked. There is now a sense of pain in the stomach, which is dispersed by the taking of food. The patient complains

also of violent palpitations in the epigastrium, somewhat resembling the symptoms attending aneurism of the aorta—he complains also of thirst, flatulence, &c., as already detailed.

In what we shall here call the third stage of Gastritis, the pain at the epigastrium takes place immediately on the ingestion of food. When the pyloric region is the seat of the mischief, the painful sensations declare themselves about two hours after a meal.

If the premonitory symptoms be overlooked, or if they be exacerbated by a stimulating regimen, the symptoms become more serious; the vomiting is more frequent; the cheeks become flushed; the pulse accelerated; and the skin dry and parched, during the time digestion is taking place. A short, dry, hacking cough, comes on, frequently ending in vomiting: emaciation now becomes perceptible, together with great tenderness of the epigastrium.

As the disease advances, new symptoms become developed; we have lancinating pains in the epigastrium, or in the right hypochondrium; the lining membrane of the stomach becomes thickened, and the pyloric region will be observed to be the seat of an oblong tumour, which will become the more perceptible as the emaciation increases. Food of every kind is rejected, almost immediately after it is taken into the stomach; the pulse sets in to be very rapid; skin hot, dry, and parched; the face assumes an earthy or waxen colour; the vomiting is now constant. This form of gastritis generally terminates, after some time, in schirrous, or cancerous disorganisation of the stomach. At some later periods, the vomiting becomes black, like coffee-grounds; from this, we may date the complete formation of the cancerous disorganisation.

In very nervous individuals, in whom the sympathy between the brain and stomach is very easily awakened, we have also, in this affection, headache, noises in the ears, dizziness, and other phenomena referable to the nervous system. The cause of the disease once known, the method of the cure becomes at once apparent. All stimulants, such as tea, coffee, wine, beer, spices, &c., must be strictly prohibited. The patient is to be restricted to a quantity of food, according to his appetite, and to his power of digestion. The food most easy of digestion must be selected for him. Salted meats, pork, veal, geese, ducks, &c., must be strictly forbidden, as also acid vegetables, as sorrel, and cucumber, horse-radish, &c. Care must be taken to avoid all high-seasoned dishes. Purgative medicines must be sedulously avoided; we know from experience, that the relief afforded by them is but temporary, and that when their action is over, the patient's sufferings return with increased intensity. Purgatives obviously irritate the mucous lining of the stomach; the intestines, in their endeavour to expel them, surround them with fluid yielded by the mucous glands; the muscular apparatus contracts on the offensive substances, and ejects them from the digestive tube. A reaction against the foreign substance being thus excited, the intestines are evacuated, and the constipation is removed; this latter, however, returns with augmented violence, and persists with an obstinacy proportioned to the violence of the purgative previously administered. Stimulants have no other effect than that of exciting or irritating the tissues. Purgatives bestow no *additional* power; they merely call forth that already existing, and so consume and waste it;—hence the propriety of withdrawing all stimulants. The next point to be attended

to in the method of cure is to administer antidotes, and in particular, to choose that antidote which produces effects nearly resembling the symptoms of the disorder.

TREATMENT OF THE VARIOUS FORMS OF DISORDERED DIGESTION.

Nux vomica is suitable, when the disease has been produced by alcoholic drinks, or when it may be attributed to a chill, violent passion, late hours, a sedentary mode of life, or intense study; it is particularly serviceable to persons of a dry, bilious constitution, of a plethoric habit of body, and persons with an impaired constitution;—it is more particularly indicated when there are eructations, nausea, disposition to vomit, or actual vomiting; water-brash, aching, griping pains in the stomach, colic, pinching contractions, oppression at the chest; painful tenderness in the epigastrium on pressure; feeling of burning; constipation; pain and distraction in the head; disposition restless and hypochondriacal; temper irritable; vertigo, anxiety, fainting fits; sense of cold, with heat in the head and face, and redness of the cheeks, drowsiness, and a feeling of fatigue.

In cases where there exists gastric derangement in general, *Nux vomica* is indicated when the tongue is dry and white, or if it be rather yellowish towards the root; when there exists also absence of thirst, or else burning thirst with heartburn; when there is an accumulation of water or mucus in the mouth; when there is a bitter or foul taste in the mouth; constant nausea; pressive cardialgia; constipation, with frequent but ineffectual urging to stool; or small diarrhoeic, slimy or watery stools; dullness of the head, with vertigo; heaviness, chiefly in

the back of the head; rheumatic pains in the teeth and limbs.

In such cases *Chamomilla* will often be useful after *Nux vomica*.

Lachesis is useful where there has been habitual drunkenness, and in cases also when the disease is induced or aggravated by emotions of the mind, such as may arise from disappointment and fright; or when the patient feels loss of strength, moral depression; disposition to yield to vexation; despondency; hate and contempt for others; mistrust and jealousy; unfitness for all exertion, whether mental or bodily; weight of head and pressure of the same outwards; headache on awaking, or after dinner; a sense of tightness in the back part of the head; eyes somewhat yellow; face pale and wan; tongue shining, red, and furrowed; taste acid and metallic; appetite irregular; yawning and tendency to faint, if aliment be not taken instantaneously; great thirst; inability to swallow food or drink; sense of something lodged in the cardia, and impeding deglutition; aching in the stomach, which extends to the chest; feeling as if a worm were crawling there and gnawing the part; cramps and pain in the stomach, with eructation; constipation or diarrhoea.

When there is gastric derangement, such derangement being chiefly marked by *weakness* of the stomach, *Lachesis* will be found serviceable in the following cases: when the appetite is very irregular; when there exists aversion to bread, and a desire for milk and wine, though the latter do not agree with the patient; when there is a feeling of malaise, heaviness, repletion, drowsiness, vertigo, pain in the stomach; flatulence, eructation with consequent relief; frequent dyspnoea, disturbed sleep

with frequent dreams; constipation, or hard, difficult stools; livid colour of the face; sensitiveness of the epigastrium to the least contact, an uncomfortable feeling from the pressure of the clothes.

Sulphur is indicated if the patient has been addicted to alcoholic drinks, the consequences of which are of no recent date; where the system is debilitated; when, among the prominent symptoms, we find acidity, water-brash, and vomiting of food; when there is a feeling of trembling within the body with restlessness, such as prevents the patient from keeping long in the sitting posture; when there is great prostration after the least conversation even, and great aversion to all exertion; when the patient is melancholy and despairing, when he feels disgusted with life; headache, as if after drinking freely, or from incarcerated flatus; a feeling as if there were sand in the eyes; smell from the mouth acid or fetid, chiefly in the morning or evening; taste chiefly acid or bitter; appetite irregular; difficulty in digesting animal food; sour risings occasioned by milk; chest oppressed, chiefly after a meal; cramps in the stomach, colic, and inflation of the abdomen; sense of great fatigue, shivering, confusion, and pain of head; heat in the face; burning heat in the hands; flow of water from the mouth; tenderness of the abdomen even when slightly pressed, as if the whole inner surface were raw. Abdomen inflated with pain caused by flatus, more especially on the left side.

Pulsatilla is particularly adapted to persons of a mild disposition, with a lymphatic temperament, pale complexion, blue eyes, and light hair. It is also indicated when the origin of the disease is found to be in the abuse of certain medicines: as mercury, cinchona, &c.; fat

pork, wine, &c. ; also in fright, &c. ; and when there is a sensation as if the tongue were burned ; when this organ is covered with a thick, greyish, whitish, or yellowish coating ; when the taste of meat is putrid, sweetish, or bitter in the mouth ; bitterness of the mouth or acidity after eating ; want of appetite, aversion to food ; greediness for food with a gnawing pain in the stomach ; thirst none, or extreme ; great longing for spirituous, spiced, or acidulated drinks ; pulsation in the epigastrium ; vomiting of greenish, slimy, or bilious, bitter, or acid substances ; nausea or vomiting, whether of food or of blood, occurs chiefly in the evening or at night, or after a meal ; pain in the ears and back ; sensation of burning in the throat and œsophagus ; crampy pains in the stomach and præcordial region, chiefly after a meal ; constipation with pressure on the rectum ; state of melancholy ; great anxiety, with anguish ; disposition hypochondriacal and morose ; temper very excitable ; dread of death or of an apoplectic attack, with buzzing in the ears ; convulsive movements of the fingers, head fatigued by intellectual toil ; also useful when there exists intolerable nausea and desire to vomit, especially after eating and drinking, or with evening exacerbation ; hard, distended abdomen, with flatulence, growling and rumbling ; stool tardy and troublesome, or slimy and bilious diarrhœa ; chilliness, with languor or drawing through the whole body ; and great disposition to be peevish without reason, especially when the patients are habitually of a bland and agreeable turn of mind.

Calcareæ will be found serviceable with persons of a lymphatic or feeble constitution ; with persons who are sad, suffering great anguish, with palpitation of the heart and shocks in the epigastrium ; despair about the health ;

great nervous excitability, disposition to take everything in bad part; feeling as if the head were in a vice, with risings and nausea; stunning, aching, or pulsative pains in the head, rendered still worse by spirituous drinks or intellectual exertion; aching at the vertex. Noise and pain of the head extending to the cheeks; expectoration of an acid saliva; vesicles in the mouth and on the tongue; taste in the mouth bad, bitter, sour, or metallic, especially in the morning; intense thirst; appetite wanting; hunger after a meal; greedy appetite in the morning; heat or swelling of the abdomen after a meal; pains in the head, abdomen, or stomach; flow of water from the mouth; water-brash after every meal; constant risings; acid regurgitations; pinching, cutting pains in the epigastrium; stools tardy, hard, often consisting of indigested matter; great irritability before the discharge; urine blood-red or brown.

Sepia Succus is particularly adapted to that form of chronic dyspepsia which is characterized by nausea, in the morning before eating, and a disposition to vomit after eating, especially in females subject to hysteria. It is particularly indicated, if there is burning at the pit of the stomach, or pressure as from a stone after eating, distension of the abdomen, accompanied by headache, especially in the morning, sense of weight, pressure or beating in the head, or vertigo, or pain in the occiput, or semi-lateral headache. *Sepia* is also indicated for dyspepsia accompanying pregnancy, where there is burning at the pit of the stomach and frequent vomiting of food.

NOTE.—The repetition of remedies in all forms of chronic dyspepsia, should be attended with great caution.

Sulphur should not be repeated oftener than every 48 hours, and it would be better not to repeat any remedy oftener than every 24 hours, and never when there is either an aggravation or mitigation of symptoms following a single dose of the remedy. The attenuations found the most serviceable in all forms of chronic indigestion are from the 6th to the 30th, and patients should confine themselves to the use of such articles of diet taken at regular intervals as are formed from experience to agree the best.

PART II.

CONSTIPATION.

INTRODUCTORY REMARKS.

As not an unfrequent attendant on, and perhaps consequence of, Dyspepsia, we may now come to the consideration of Constipation, by which I mean a collecting or impacting of the excrementitious matters, the residuum of the various processes concerned in alimentation, in some portion of the intestinal canal. The chief characters of Constipation are:—infrequency of the discharges from the bowels, increase in their consistence, and sometimes a feeling of fulness and tension in different regions of the abdominal cavity. The great frequency of this affection in the different grades and classes of society, and the serious consequences which occasionally follow its presence, consequences both direct and sympathetic, will, I trust, plead my excuse, if I enter somewhat fully into the discussion of this subject.

First, it may be observed, that to a certain extent, Constipation may be relative; one person may be constipated, though he may go to stool once every day; whilst another person may be considered as relaxed in his bowels, though he may have but one evacuation every

three or four days; if the former, habitually, had two or three stools in twenty-four hours, and the second, ordinarily, has but one in eight days—Constipation may coexist with a condition of the most perfect health.

As very many various circumstances may occasion Constipation, and as these different causes lead to a different prognosis and to a mode of treatment which cannot be always the same, it becomes important to introduce into the consideration of this subject several divisions. Thus, there has been admitted a natural, or physiological Constipation, met with in persons who go to stool every second, fourth, sixth, or eighth day, without this state, however, constituting a real disease; and an accidental or pathological Constipation, arising from certain abnormal conditions. It has been generally admitted, that the best distinction to be laid down should rest on the appreciation of the causes related to the development of this state.

GENERAL CAUSES.

Constipation has been considered by some practitioners to take place in two ways: either the fæcal matters are not separated in the small intestines, and cannot, therefore, be discharged into the large; or else once separated in the intestines, and discharged into the cæcum, colon, and rectum, they are retained there by general debility, by the atonic or torpid state of the intestines, and by relaxation of the abdominal muscles; in fact, by some general excitation. Constipation, dangerous in both cases, and in disease particularly, is still more so in the second condition.

Others again refer Constipation to three groups of

causes: the first group including all the causes existing, or seated in the intestine, such as foreign bodies, introduced into, or developed in their cavity; the second group includes all those consisting in alteration of structure or function in the intestinal canal; whilst in the third, may be placed all the causes existing outside the digestive tube, though still in its vicinity, and which act by compressing some portions of its extent.

Dr. Copland, in his 'Dictionary of Practical Medicine,' conceived that Constipation may be associated with one of the following causes:—1, with a diminution or modification in the biliary and pancreatic secretion; 2, with a suspension of the mucous exhalation on the surface of the digestive tube, or a change in the product of the mucous follicles; 3, with a very rapid absorption of the matters contained in the intestine; 4, with a relaxation, a debility of the muscular tunic, whence arise distention of the intestines, and accumulation of fæcal matters and gases in their cavity, more especially towards the termination of the digestive tube; 5, with a rigid condition of the longitudinal bands of the colon, which transform into so many cells each of the parts which they circumscribe, which diminish the central canal, and which occasion the formation of scybalæ; 6, with the production and accumulation of gases, which distend the parietes of the intestine, paralysing its action, and opposing the expulsion of the fæcal matters, as well by their mechanical effect as by the obstruction which they occasion; 7, with the deposition of mucous, plastic matters on the surface of the intestine, with the arrest of fæcal matters which have become hardened in the cæcum, in the cells of the colon and rectum; 8, in a word, with the combination of two or more of these influences. Dr. Copland conceives

that these causes should be considered as the occasion of the primary or idiopathic Constipation which leads him to admit a consecutive Constipation :—1, by lesion in the structure of the intestinal membranes, which may give rise to diminution in the capacity of the digestive tube ; 2, by alteration of the surrounding parts, which occasions obstruction, compression or displacement of the intestine ; 3, by sympathy with a suffering more or less remote, which alters the force necessary for the expulsion of the alvine contents.

Drs. Hastings and Streeten have described, with the greatest care, the pathological state involved in the question now under consideration : they have also based, on the knowledge of the causes of Constipation, the principal divisions to be adopted in studying the subject, and have viewed it, according as it is symptomatic :—1, of a state of debility of the muscular coat ; 2, of an alteration in the products of secretion poured out on the surface of the intestinal tube ; 3, of a particular mode of diet ; 4, of an increase in the muscular contractility of the intestines ; 5, of a change which has supervened in the nervous centres ; 6, of an increased secretion, directed to other organs than those subservient to digestion ; 7, of strangulated hernia ; 8, of enteritis, colic, or ileus ; 9, of a change which has supervened in the parietes of the large intestines ; 10, of a relaxed state of the rectum ; 11, of narrowing of the intestine ; 12, of hæmorrhoids ; 13, and lastly, of spasm of the sphincter of the anus. However, without having recourse to so numerous and complicated a division, we may set it down, that Constipation is always the consequence of one of the conditions now subjoined :—1. The presence of foreign bodies obstructing the intestinal canal. 2. Struc-

tural lesions of the intestine, which may diminish its calibre, or furnish to the matters cavities in which they may tarry. 3. Compression, strangulation, invagination of the intestine. 4. Absence of any stercoral residue after long-continued diarrhoea, or when the pyloric orifice refuses a passage to the alimentary substances, when the latter are insufficient, when they are entirely assimilated. 5. Excessive contractility of certain portions of the intestinal tube. 6. Weakness in the movements of contraction, which allows considerable distension, and accompanies cases of paralysis. 7. An alteration of the products of exhalation, and of secretion poured out on the surface of the intestinal tube.

Purgatives a frequent Cause of Constipation.

One word may here be said on the baneful effects of purgatives. The repeated use of those medicines is now prohibited and condemned by most physicians of the old school ;—*the most sceptical acknowledge the general law of nature, that all impressions become less strong by habit and repetition* ;—the repeated confessions of the afflicted show that the relief obtained by such means is but temporary, the same symptoms recurring over and over again, and each relapse assuming a more aggravated form. When a patient has an attack of Dyspepsia, Constipation, or often both combined, such as a heavy dull weight, or lump in the stomach, within an hour or two after meal, with, generally, tumefaction of the abdomen, headache, a giddy, swimming sensation, flatulence, with occasionally bringing up mouthfuls of flatus, sour water, or half-digested food, and also constipation of some days' standing, feeling of oppression, with hot,

dry skin, and fever, the panacea is the old favorite dose, or whatever else your kind neighbour may recommend.

The medicine is taken, immediate relief follows, the contents of the bowels,—viz., half-digested food, wind, and acid liquor,—are all carried away, as if by magic—the headache abates—the skin becomes moist—in fact, a sensation of ease and comfort diffuses itself through the whole frame. Such are, I may say, the magical effects of purgatives in those disorders. But what is the result of the repeated use of such means? It is true, it clears out the contents of the alimentary canal; but unfortunately, carries with it also that portion of aliment which, if allowed to remain, would become digested and assimilated. It over emulges the liver, pancreas, and secreting ducts, studding the vast extent of the intestinal canal, causing those organs to throw out their valuable contents in too large a quantity, thereby producing a general debility. It destroys the natural functions of the stomach and alimentary canal, and produces nausea, sickness, vomiting, griping, and even syncope, with, at times, bloody slimy stools. It disturbs the brain and lowers the vital energy, producing, at times, lowness of spirits, with hypochondriasis; at other times, great mental excitement, with peculiar irritability of temper; and lastly, it destroys that beautiful and delicate membrane that lines the intestinal canal, producing inflammation, and, sooner or later, ulceration of its surface, followed by dysentery, when death steps in, and closes a long and painful scene.

RESULTS, COMPLICATIONS, ETC., OF CONSTIPATION.

We may now briefly consider the different anatomical lesions which may accompany Constipation. We shall merely enumerate them. A narrowing of the upper portions of the digestive passage may give rise to this disturbance. The substances intended to satisfy the wants of reparation in the individual, cannot get beyond the obstacle which they meet with at the moment of their introduction; they are rejected, after a longer or shorter time, according to the seat of the strangulation, and can never be transformed into fæcal matter. If this obstacle to the course of the fæcal matters be in the small intestine, stomachic digestion goes on more or less completely; and it is, not till after a considerable time, that vomiting comes on; it then brings about the expulsion of substances which have lost the characters they presented, when, in the form of aliment, they were taken into the stomach; but still the Constipation continues. If the obstacle again is seated lower down, as in certain cases of cancer of the ilio-cæcal orifice, of the colon, or of the rectum, the fæcal matters are rejected by vomiting, and never pass the anus. In cases of hernia, of strangulation of the intestine, of invagination of the small in the large intestine, this obstinate Constipation is still observed. When there is also contraction of the intestinal passages, a rather marked distension is always discoverable of the parts situated above the contracted point; this distension is the consequence of the accumulation of fæcal matters, and of gases. The absence of alvine discharges takes place in patients affected with gastritis, should this disease be the consequence of

poisoning by acids, by acrid substances, or should it come on spontaneously, a thing which is much more uncommon. The obstinate vomiting, which comes on in such cases, does not suffer the aliment to tarry in the stomach, and it is impossible for them to become changed into fæcal matters. Duodenitis, also, seems to occasion an obstinate Constipation. In proportion as the inflammation also attacks parts situated lower down, Constipation becomes less obstinate; it often happens, even that the patients become affected with a diarrhoea more or less profuse. Various other morbid or pathological changes of tissue in portions of the intestinal tube, may, and frequently do, induce obstinate Constipation; but the limits of the present work will not suffer me to dwell more at length on them. We may here, however, enumerate other circumstances, which, though not situate in any part of the intestinal tube itself, but in its vicinity, may produce such an effect. Constipation is commonly enough occasioned by tumours situate outside the intestine, which compress or displace it; the more remarkable of these we here set down:—1. Extra-uterine pregnancy; simple pregnancy; hernia, &c. 2. Compression of the rectum, depending on a luxation, or fracture of the os coccygis. 3. Pressure made by tumours developed in the uterus and ovaries, prolapsus, or retroversion of the uterus. 4. Various engorgements, situate between the uterus, vagina, and rectum. 5. Abscesses developed in the same region. 6. A large pessary in the vagina. 7. Collections of pus, formed between the bladder and rectum. 8. Swelling, or any other disease of the prostate. 9. Pressure made by swelling of the sacral ganglions, or by an engorged ovary descending into the pelvis.

When we come to study generally the different functional disturbances which occur under the influence of prolonged Constipation, we see the necessity of dividing the question into two categories, according as the constipation is accompanied by a state of repletion of the intestinal organs, or according as it denotes their complete vacuity.

In the former case, the retention of the fæces in the rectum is attended with consequences more or less serious, according as it goes beyond the ordinary time. When it does not go beyond some days, it gives rise to diminution of appetite, increase in the size and sonorousness of the belly, borborygmi, lumbar pains, a feeling of tension and of weight towards the anus, and an unavailing wish to go to stool. To these phenomena there are frequently joined, when the constipation has lasted for some time, a heavy pain of the head, transient or habitual redness of the face, unfitness for exertion of mind, dizziness, and drowsiness. If the abdomen be examined attentively, we sometimes discover, through the abdominal parietes, and more especially at the left iliac fossa, one or more rounded or cylindrical tumours, owing to the presence of fæces in the intestines, and which disappear or change place by purgatives, administered whether by the mouth, or in the form of enema. In some individuals there are found, in the direction of the transverse colon, globular tumours, which by reason of their seat and hardness, might be readily taken for scirrhus tumours of the epiploon. If the examination of the abdomen is sufficient, in some cases, to detect the accumulation of fæces in the iliac portion, and in the remainder of the colon,—in many other cases it is only by the introduction of the finger into the anus that we

succeed in discovering, with certainty, the material cause of the mischief. When the Constipation lasts for a considerable time, we observe griping pains, *meteorism*, red urine, and at length vomiting. At a subsequent period the breath becomes fetid, the countenance hippocratic, the extremities cold, and the skin dry; sinking, hiccups, insensibility of the pulse, and delirium next come on, which indicate greater danger, and death might soon terminate the case, unless the medical practitioner brings prompt assistance.

When complete vacuity of the intestines is denoted, it manifests itself with characters altogether opposite. The abdomen is flat; its anterior *paries* seems as it were applied to the vertebral column; it is quite easy to discover the pulsations of the aorta and of the cæliac trunk; the hand sinks readily in the iliac fossa, and into the flanks without meeting any resistance; the breath is not offensive; the patient does not generally complain of a bad taste in the mouth; the tongue is clean; the thirst is intense, and the appetite marked; we have neither eructation, nor nausea, nor vomiting; percussion of the abdomen in general denotes sonorousness of all this cavity, and the patient neither complains of gastric disturbance, nor of a sense of weight towards the fundament nor of a desire to go to stool. If to these symptoms there be added headache, tinnitus aurium, and other such sensations, it is only in the vertical position they are felt; they disappear when the patient assumes the horizontal position.

Constipation may alternate with diarrhoea; this is a circumstance very commonly observed in persons who suffer from a chemical change of the digestive passages—in children, in aged persons, in females, when the constipation results from a state of inertia in the intestinal membranes.

We have now taken a review of the general facts entering into the symptomatology of Constipation; we shall now consider some of the more important of these more particularly.

And first, with respect to Constipation occasioned by lesions of structure of the intestine, which may lessen its calibre, or afford cavities for the *fæces* to lodge in:—cases of this form of Constipation are common enough. Such contraction of the intestine is produced by cancerous degeneration, the rectum being the part principally affected, as well as the sigmoid flexure of the colon. This affection generally commences by a feeling of heat, smarting, weight in the fundament, and alternate diarrhoea and constipation; after some time, a tumour, appreciable to the touch, and sometimes even to sight, forms in the left iliac fossa; it disappears during the diarrhoea, and enlarges under the influence of constipation.

With respect to Constipation depending on inertia of the intestinal membrane—*i. e.*, on diminished contractility of the intestinal canal, and which is one of the forms most commonly seen in practice, it may be well to remark, that this prevails in persons advanced in years, in women and children, in persons leading a sedentary life, or who do not use diet sufficiently nutritious, during convalescence from diseases, which have induced great debility, in chlorotic girls, and in great eaters; it complicates most of the serious affections of the nervous centres; according to Dr. William Stokes, it may be the consequence of inflammation of the serous or mucous membrane of the stomach. Dr. Abercromby has also noticed the debility which attacks the muscular tunics, when an inflammatory process has been set up in their

neighbourhood. This form of Constipation it is, which frequently accompanies those headaches characterised by megrim, and which are so prevalent among females; this it is, which gives rise to that painful digestion, which torments aged persons; this it is which keeps up, in young women, that leucorrhœal discharge, which bids defiance to every local treatment, and which sometimes yields so unaccountably to aperients, as adopted in the old medicine; this it is, which favours the development of hæmorrhoidal tumours, which occasion so much annoyance, and are sometimes erroneously considered of great service; this it is, which in very young children, in females, and in old persons, causes habitual intumescence of the abdomen, which compresses the diaphragm, impedes the respiration and circulation, interferes with the patient's power of walking, and becomes complicated with a constant state of flatulence adverse to the process of digestion, and occasioning almost unceasing annoyance. If to these different complications be added the general circumstances already mentioned, when treating of the symptomatic characters of Constipation, we shall be perfectly satisfied how indispensably necessary it is thoroughly to investigate the cause of affections so generally observed, and of removing them by judicious means.

It may be well to observe, that several years may elapse before the disease has attained a high degree of intensity; sometimes, however, it has already attained an advanced stage, and the patient falls into a state of hypochondriasis, and speedily sinks. It is at this precise stage, that the most serious errors have been committed. Sometimes, and that the patient comes to be treated for gastro-enteritis, or disease of the liver, a strict and accurate diagnosis becomes now of the utmost importance, to

set the practitioner on the correct line of treatment. In such a crisis, it is, we know, too much the custom to have recourse to lavements, whether simple or nearly so. These no doubt may dilute the matters contained in the large intestine; but by the distension they occasion, they further add to the weakness of the intestinal membranes; and, if at the commencement of the evil, and before it had attained its highest stage, the expulsion of the contained matters could not be effected by their aid, by the frequent repetition of their use, the energy of the contractions becomes still further weakened.

Constipation, we know, may be occasioned by alteration of the products of exhalation and secretion, poured out on the surface of the intestinal tube. Such exhalation, or secretion, may be so modified, as to prove unfit for the natural purposes for which it is intended, either by reason of its quality or quantity. Under these different influences there is observed a diminution in the peristaltic contraction of the intestines, a state near akin to dryness, which opposes the easy escape of the contents of the intestines over their interior, and an almost total dryness of the stercoral matter itself. Medical science possesses numerous facts which support this view. When there is a disease of the liver, when the biliary secretion is altered or impeded, when the hepatic ducts are obstructed, when their orifice in the duodenum is not free, Constipation sets in, the alvine discharges become scanty or difficult, they increase in consistence, contain matter of remarkable hardness, become pale, devoid of colour, of a clayey appearance, grayish, or blackish, according to the changes in the biliary secretion.

We have already, at the commencement of this Essay, alluded to want of propulsive power in the intestine

being a prominent cause of Constipation. It must also be observed, that affections of the mucous membrane lining the cæcum are sometimes the cause of Constipation. But it is to be remarked, that chronic thickening in the mucous membrane of the cæcum is not the only pathological change of this portion of the intestine occurring in conjunction with a costive state of the bowels. The very reverse occasionally happens, and this membrane becomes exceedingly attenuated, notwithstanding which the costive state continues. It is to be noticed that, when the ascending portion and the transverse arch of the colon become distended with fæces, the pressure made on the liver sometimes so interferes with its functions, that the affection has been mistaken for hepatitis itself. The patient acquires a jaundiced appearance from pressure on the *ductus communis chole-dochus*. The result of this is, of course, Constipation, and the cæcum becomes distended. In such cases, the diagnosis requires particular care, as there is some danger of mistaking such affection for enteritis, hepatitis, or even for nephritis; more especially as it sometimes happens, that the urine is scanty and high coloured, and a pain is felt upon the right side in the lumbar region, extending to the region of the right kidney.

Habitual Constipation may be the result, for a great many years, of stricture of some part of the colon. After such a state has continued for some time, and a costive condition of the bowels has been almost habitual, a tendency to diarrhoea often sets in. This change seems to be the result of ulceration taking place in the constricted portion of the intestine. It is also worthy of remark, that the part of the colon most liable to alterations of structure producing Constipation, is the sigmoid flexure

of the colon., Spasmodic stricture, in this part, appears oftentimes to take place, and to be the cause of Constipation. When Constipation occurs under such circumstances, a close and minute examination becomes indispensably necessary.

Though the instances in which a costive state of the bowels is occasioned by disease in the cæcum and colon are very many, it must be remembered, that they are by no means as numerous, as those arising from affections of the rectum. This may be accounted for, from the structure and functions of this part of the bowel, and its contiguity to important viscera in the pelvis. The morbid affections occurring in the rectum causing, or increasing, a constipated condition of the bowels, are a relaxed state of the rectum, stricture of this bowel, spasmodic contraction of the sphincter ani, and hæmorrhoids.

Relaxation of the rectum is sometimes observed in delicate children, in whom, after the bowels have been for some time in an irregular state, the rectum often becomes prolapsed, for want, no doubt, of a due degree of contractile power in the muscular parts of its lower portion. There is also another form of relaxation of the rectum, which has not attracted all the attention which its importance demands. It is not always denoted by protrusion of the bowel; the whole of this part of the intestinal canal becomes distended, whilst the colon, and the rectum itself above the distended part, retaining their contractile power, the upper part of the rectum sometimes falls down within the lower, constituting what may be called an internal prolapsus. The harmony of action between the upper and lower part of the rectum being in this way destroyed, the evacuations are expelled with difficulty. By this, the lower part of the rectum

becomes much irritated, and we at length, in consequence of ineffectual straining, have distension of the hæmorrhoidal veins. This condition of the rectum is not uncommon in females, and in those who lead sedentary lives, and neglect those means necessary to ensure regular action of the intestinal canal.

In all cases of Constipation of long duration, the state of the rectum requires very particular examination, as stricture of that bowel occurs much more frequently than it was once supposed to do. Hæmorrhoids are intimately related to Constipation; but as that subject will receive a separate and independent consideration, we shall now proceed to the means of treating constipated bowels, which have been found to be most effectual and successful from the results of Homœopathic practice.

TREATMENT OF CONSTIPATION.

From what has already been said on the pathology of this affection, it will be evident, that the means to be adopted for its removal, or alleviation, mainly depend on the causes that give rise to it, or on the precise state of the affected parts on which it depends.

As a first means of preventing Constipation, it is scarcely necessary to impress on the patient the necessity of paying due attention to diet, and of avoiding too dry food, and such as may be difficult of digestion; it will also be of the utmost importance, that he take sufficient exercise in the open air; but above all, that he sedulously avoid the frequent employment of aperient medicines, which is now known to be one of the leading causes of Constipation, as more particularly explained at pp. 105, 106.

For morbid states wherein Constipation is the prominent symptom, the following have been found the most effectual remedies:—*Bryon.*, *Lach.*, *Lyc.*, *N. vom.*, *Op.*, *Plumb.*, *Sepia.*, *Sil.*, *Staph.*, *Sulph.*, *Verat.*, *Alum.*, *Bell.*, *Cann.*, *Canth.*, *Carb. veg.*, *Caust.*, *Con.*, *Graph.*, *Kreo.*, *Merc.*, *Nitr. acid.*, *Phosph.*, *Plat.*, *Puls.*, *Sassap.*, *Stann.*, *Sulph. ac.*, *Zinc.*

Selection appropriate to the Cause or Condition.

To remove the *disposition* to Constipation, or common costiveness, the remedies chiefly to be selected, are:—*Bry.*, *Calc.*, *Caust.*, *Con.*, *Graph.*, *Lach.*, *Lyc.*, *Sep.*, *Sulph.*

To remove the Constipation of persons who lead a sedentary life, the medicines chiefly to be chosen, are:—*Bry.*, *Lyc.*, *N. vom.*, *Op.*, *Plat.*, *Sulph.*

When Constipation has been occasioned by the abuse of purgative medicines, as too frequently happens, or when it sets in after diarrhœa, the remedies chiefly to be chosen, are:—*Ant.*, *Lach.*, *N. vom.*, *Op.*, *Ruta.*

In the case of pregnant women, the remedies especially to be referred to, are:—*Alum.*, *Bry.*, *Lyc.*, *N. vom.*, *Op.*, *Sep.*

When Constipation is the result of poisoning with lead, the remedies chiefly to be referred to, are:—*Alum.*, *Op.*, *Plat.*

More particular Indications and Symptoms.

Bryonia is particularly indicated, when the Constipation occurs in Summer, and in persons who are disposed to rheumatism, or if the Constipation originally proceeded from disordered stomach.

Mercurius should be given, if Constipation be accompanied with a bad taste in the mouth; a soreness, or otherwise painful state of the gums, but yet no loss of appetite. If the *Merc.* should prove insufficient, *Staphysagria* should then be given.

Natrum muriaticum is indicated in the most obstinate cases, and when no other remedy is found to suffice; more especially, when there was felt no urgency to go to stool; and when complete inaction of the bowels has set in.

Nux vomica has been found to prove most beneficial, when the Constipation has been occasioned by eating too much, or by deranging the stomach in any other way, and especially if the following symptoms exist:—loss of appetite, nausea, distension of the abdomen, with pressure and heaviness; heat, more particularly in the face; determination of blood to the head, with headache; disturbed sleep, oppression, cardialgia, ill-humour; feeling as if the anus were closed, or narrower than usual, with frequent, ineffectual urging.

Opium will be found advantageous, when there exists a sensation as if the anus were closed; beating, and a feeling of heaviness in the abdomen; cardialgia, dryness of the mouth; loss of appetite, congestion of blood to the head, red face, headache.

Platina may be given, if the patient, notwithstanding all his straining, is able to pass only small lumps, with tenesmus, and a sense of creeping at the anus after each evacuation; if also he complain of chill, with a sensation of weakness in the abdomen, a constrictive pain in the abdomen, with pressure, pain in the stomach, and ineffectual efforts at eructation.

Pulsatilla may be administered with advantage in

cases, where *N. vom.* is indicated, but where the patients are of a bland, phlegmatic disposition; or it is more particularly suitable for Constipation, produced by derangement of the stomach in consequence of eating too much fat.

Sepia is indicated in the case of females, or rheumatic individuals, also in those cases where *N. vom.*, or *Sulph.*, are peculiarly indicated, but are not sufficient.

Sulphur is a most efficacious remedy in most cases of habitual costiveness, and is particularly suitable after *N. vom.* to hypochondriacal and hæmorrhoidal persons, and especially, if there be frequent, but ineffectual desire to go to stool; with incarceration of flatulence, distension of the abdomen, &c.

The following is the method of administering some of the above remedies, to be observed in domestic practice:

Opium, two globules, 3d dilution, in a little water, which may be repeated in twelve hours, if no benefit result.

Alumina. When the Constipation seems to arise from an apparent absence of peristaltic motion; when the fæces are hard and dry, and voided with great forcing, sometimes streaked with blood; then the mode of administering will be dissolving three globules of the 6th dilution in a little water.

Bryonia may be thus administered:—dissolve two globules of the 30th dilution in a little water, and repeat in twenty-four hours, even if partial relief follow.

Pulsatilla may be administered, by dissolving three globules of the 6th dilution in a little water.

Platina may be given in the same way.

Sulphur. This is one of the best remedies in the relief of habitual Constipation, more especially when hæmorrhoids, or a disposition to them, may exist.

Dissolve six globules of the 80th dilution in six dessert-spoonfuls of water; one dessert-spoonful of this solution being taken morning and evening, till finished.

NOTE.—Lycopodium is a remedy particularly indicated in chronic Constipation, for persons of a bilious temperament, subject to attacks of difficult digestion, and general torpor of the abdominal organs, and also for Constipation arising from sedentary habits.—Ed.

PART III.

HÆMORRHOIDS.

WE shall now direct attention to this, which constitutes the third branch of our Essay, and which is so often the attendant on, and indeed the consequence, whether of Indigestion, or more immediately of Constipation. The term Hæmorrhoid includes both the hæmorrhage, which takes place at the extremity of the rectum, and the tumours on which such hæmorrhage depends. The state of the rectum, independent of the hæmorrhoidal tumours, are enlargement of the hæmorrhoidal veins, and hypertrophy of the submucous tissue. The ordinary source of the simple hæmorrhage is a congestion of the mucous membrane of the rectum, from the capillaries of which blood is effused, during and after the expulsion of the fæces. In some instances, the congestion is general, and affects the entire system; whilst in other cases, the congestion is entirely local, the hæmorrhage being then occasioned by obstruction of the portal circulation, or by a relaxed and pendulous condition of the mucous membrane, which occasions its protrusion during an evacuation of the bowels, and a consequent exudation of blood from its surface. Sometimes the cause of the hæmorrhage is a slight fissure of the mucous or cutaneous surface at the

margin of the anus, such fissures being generally produced by the passage of large indurated fæces.

A third, and by no means an unfrequent cause of bleeding, and still one that is often overlooked, is a small vascular point on the surface of the mucous membrane, from which a minute artery throws out a jet of blood as often as the bowel is evacuated. This cause of hæmorrhage, as well as the hæmorrhage itself, remains for a long time unperceived, till the general anæmic state of the patient arouses suspicion of the true nature of the disease.

The patient frequently attaches salutary effects to the hæmorrhoidal bleeding, and rather hails its advent as a boon than complains of it as an annoyance. However, notwithstanding the temporary relief which it sometimes occasions, it is an affection which should by no means be overlooked. Here, however, it will be of primary importance to attend to the accompanying state of the system at the time, viz., whether the hæmorrhage depends on a general plethora of the entire system, or congestion of the portal system, or on a relaxed habit of body and a flaccid state of the mucous membrane, as by this consideration the selection of our remedies must be finally and definitely determined.

Hæmorrhoidal tumours, or in popular language *piles*, are conventionally distinguished into *external* and *internal*, according as they project or not, beyond the verge of the anus; another division of them is into *blind* and *bleeding piles*, according as they are accompanied, or not, with hæmorrhage. Such division will answer our purposes for the present, though probably a more scientific division of these tumours should be founded on their anatomical characters.

The *Symptoms* are for the greater part local, comprising

a feeling of fullness, itching, throbbing, heat, tenderness, dull or shooting pain referred to the rectum and anus, tension, tenesmus, and hæmorrhage. The varicose tumours have but very little sensibility when first protruded, but when they become strangulated or inflamed, they in general become exquisitely tender. The hæmorrhage is in general from the mucous covering, but sometimes it proceeds from a rupture of the vein itself. There are few diseases wherein quackery and ignorance have triumphed more than in piles, or wherein more injury has been done to the patient, from considering its pathology and treatment in too confined and limited a point of view. The treatment of piles has been too frequently laid hold of by persons who affect that they have made this affection the subject of their exclusive attention; such persons have, in reality, been ignorant of the part which this disease holds in the circle of morbid action, in consequence of which, whilst some temporary relief has been afforded by empirical measures, or by surgical aid, consequent mischief of a very distressing nature has been occasioned.

The general symptoms which ordinarily usher in this affection, are chiefly sympathetic fever, when there is severe local inflammation, or a feeling of nausea, sinking, and of faintness from the pain and hæmorrhage.

The first invasion of piles is generally speaking not very serious, nor is there always much constitutional disturbance. We there find, that the patient confines his complaint to inconsiderable pain, weight, and fulness at the extremity of the rectum, which occasionally extends to the sacrum, or even to the perinæum, with an uneasiness, or some pain, in emptying the gut, frequently with a constipated state of the bowels, or with an irritable state of the same. We often observe, also, that the bladder

becomes more sensible. In a few days, also, the patient notices the escape of a little blood, which is at times of a very bright red colour. On some occasions, this is found to accompany the evacuation of the contents of the rectum; sometimes this sanguineous discharge does not appear during the first attack. On the occurrence of this discharge, or even should it be wanting, one or two tumours of different sizes are observed to make their appearance at the verge of the anus, or within it. A stinging pain in general precedes the appearance of these tumours—this pain is augmented, according as they increase in size, or become compressed, or squeezed by the adjoining parts. From the surface of these tumours blood is sometimes found to ooze, or is frequently discharged in sudden jerks, or is ejected through small apertures during the emptying of the bowels. After some time similar symptoms are found to return, but in a still more severe degree. The pains are now complained of as being of a sharper nature; they are now observed to descend along the inner part of the hips and thighs; a greater amount of blood is now discharged; the tumours also become increased, both in size and in number. When the patient is irritable, the local disease begins to show its influence on the general health. Febrile symptoms, as chills, alternating with flushes, hard and frequent pulse, pallor of the face, costiveness, &c., begin to evince themselves.

The digestive functions are now disturbed, and great irregularity of the bowels sets in more especially when the cause of the disease is to be sought for in the liver. When the lungs are the organs primarily at fault, the pulmonary symptoms are found to be much mitigated, more especially if there be a discharge of blood; the

same result is observed to take place, if the subject be a plethoric person, liable to pain of the head, or to congestion of the liver, or the brain.

Hæmorrhoidal Tumours.—We have already alluded to the distinction of these tumours, into *internal* and *external, bleeding* and *blind*. A more correct pathology of this affection warrants us in laying it down, that there are three descriptions of hæmorrhoidal tumours, essentially differing both in structure and appearance. 1. The first or most ordinary kind presents the form of fleshy tubercles, of a pale red colour, located within the anus, or descending from the rectum, having a solid or spongy feel; when their surface is cut, blood oozes from them, and they become pale and flaccid. When the tumours are external, they are paler and more elastic and are infiltrated by serum. These tumours often are found to contain a central cavity filled with dark coagulated blood. This cavity is represented as being small, about the size of a pea, and as having no immediate connection with larger vessels.

The development of these tumours is in general indicated by a peculiar stinging sensation within, or at the verge of the anus; sometimes blood is exuded from their surface; sometimes a serous fluid; whilst at other times they are dry, more especially when they are external.

Hæmorrhoidal tumours formed by a varicose condition of the veins of the rectum are sometimes found to exist; they are not so common, however, as those just described. These are more permanent, and less painful than those already described. They are of a dark or blueish colour, and soft to the touch. They do not readily bleed except when injured in some way; they extend up the rectum,

and are, in general, internal; or if they become external it is chiefly whilst costiveness exists, or after straining at stool, or after an evacuation of the bowels.

A third class of hæmorrhoidal tumours now remains to be considered,—these are of different sizes; they are soft and spongy to the touch, and in general present a purplish colour, one or two of these may protrude whilst the patient is evacuating the bowels; but at an early stage these again retire spontaneously; but at a more advanced stage, they require to be replaced by the hand. Evacuation of the bowels is attended with pain, especially when the disease is of some standing; there is sometimes also loss of blood, such as to bring about considerable exhaustion.

The source of the hæmorrhage in the case of hæmorrhoidal discharges may be various:—1st. From congestion of the vessels of the part with exhalation from the inner surface of the rectum. 2dly. From irritation of the bowel, followed by sanguineous exhalation. 3dly. From the surface of the hæmorrhoidal tumours. And 4thly, from the rupture of various vessels.

With regard to the accessions of the hæmorrhoidal discharge and its amount, it may be observed that these are various; we may remark, however that a periodicity is sometimes observed to exist in them, both in men and women; in females, they sometimes take the place of the menses, sometimes both discharges alternate. It may be well to remark, in general, that when hæmorrhoids are found to depend on an over-loaded state of the vascular system, their occurrence should be considered wholesome, as they have the tendency to prevent visceral disease. It should be attentively considered with respect to treatment, whether the cause of these tumours be local, constitutional, or vascular.

The hæmorrhoids sometimes interfere with the evacuation of the bowels, and then the general inconvenience is very much aggravated. There are often experienced sympathetic pains in the loins, as also in the region of the uterus and bladder ; hence a constant wish to discharge the bladder.

We may now allude to the relief brought to the entire system by the hæmorrhage, or sero-mucous discharge, which takes place after an *attack of the piles*. We often find such discharges remove congestions of the head, of the lungs, stomach, and liver. We also well know the unfavourable results which sometimes follow the sudden subsidence of hæmorrhoidal tumours, or the suppression of their discharge, or their non-appearance at the ordinary period, as in Spring for example ; we have reason to know, that among these results may be numbered apoplexy, hæmorrhages from the lungs, stomach, &c. &c.

CAUSES.

Among the predisposing causes of Hæmorrhoids, we may set down a general plethoric state of the system ; melancholic temperament, in which the venous circulation becomes retarded ; abdominal plethora induced by sluggish liver, or a deficient secretion from the mucous surface ; obstruction to the venous circulation in the abdomen induced by modes of life or occupations which allow not full play for the abdominal muscles.

Among the *exciting* causes are enumerated the accumulation of fæces in the lower part of the colon, pressing upon the mesenteric veins ; determination of blood to the arteries of the rectum by drastic cathartics, (Aloes, for example ;) sitting on a damp seat. Such congestion

may also be sympathetic with, or vicarious of, the menstrual flux.

The periods of life most obnoxious to hæmorrhoidal attacks are the middle and advanced stages of life; they are more frequent in women than in men; partly on account of pregnancy, and partly from catamenial obstructions, for which, it may be remarked, hæmorrhoids are apt to be substituted.

TREATMENT.

We now come to the treatment; but before we say anything on that subject, we deem it necessary to premise that it becomes, in the first instance, of the utmost importance to attend strictly to the dietetic rules laid down by Homœopathists.

In the first place, all strong and heating drinks, such as wines, coffee, tea, and stimulating or highly-seasoned food of all kinds, are to be sedulously abstained from.

Sedentary habits, and the use of soft seats, as soft cushions or chairs, are especially objectionable. The same may be said of surgical operations for the removal of hæmorrhoidal tumours by means of the knife or ligature; such operations are attended with no inconsiderable danger; they frequently fail in removing the mischief, as the disease returns after them, and sometimes in an aggravated form.

The medicines most frequently indicated in the treatment of Piles are:—*Aconitum*, *Antimonium*, *Arsenicum*, *Belladonna*, *Calcarea*, *Carbo vegetabilis*, *Chamomilla*, *Nux vomica*, *Sulphur*, *Hepar sulph.*, *Cinchona*, *Graphites*, *Lachesis*, *Rhus*, *Sepia*.

As a guide to the employment of the chief remedies

recommended in the treatment of hæmorrhoidal tumours, the following suggestions may be found not entirely devoid of utility.

Aconitum, though by no means a specific, will be found beneficial in relieving pain arising from intense inflammation; its use should precede the employment of the other remedies recommended. Six globules of the 6th dilution may be dissolved in six teaspoonfuls of water, and one teaspoonful of the mixture taken every two to six hours, until the inflammation subsides.

When the hæmorrhoidal tumours are attended by burning and shooting pains, and great prostration, *Arsenicum* is indicated; also, when the blood discharged is burning hot. It may be well alternated with *Carbo vegetabilis*.

When there is great pain in the sacral region," and the hæmorrhoidal tumours are moist, *Belladonna* will be found suitable.

If the *Belladonna* should fail, or afford but partial relief, *Hepar sulphuris* should be given, half a grain of the third trituration in six dessert-spoonfuls of water, one teaspoonful of this mixture being taken every six hours, until it is finished.

Calcarea may be given, when the tumours are much swollen, when there exists a burning sensation, attended with much itching; also, when there is a discharge of blood, or bloody mucus from the rectum.

Carbo veg. will be found useful, when the tumours are large and present a blueish swelling, attended with stitching pains in the small of the back, and burning and tearing in the limbs. Constipation with burning stools and discharge of blood; frequent tendency of blood to the head, with flatulence.

Chamomilla, when the piles are bleeding, accompanied with compressive pains in the abdomen, frequent desire to go to stool; tearing pains in the small of the back, especially at night. This medicine is also of particular service for persons suffering from blind and open piles, those who lead a sedentary life, or are addicted to the use of coffee, or other heating liquids; when there is a stitching, burning, or itching at the anus; stitches and shocks in the small of the back, with bruised pain, so that the patient is unable to raise himself; frequent Constipation, with unavailing urging to stool, and with a feeling as if the anus were constricted; frequent tendency of blood to the head, with distension of the epigastrium.

Hamamelis has been administered with marked success to persons suffering from bleeding piles, when there is pain in the back, frequent and urging desire to go to stool, and copious discharges of blood.

Conium, when the tumours protrude from the anus, much swollen and painful, with burning and smarting, has been found of great service; a single dose of the 30th attenuation has afforded complete relief in 72 hours, when the patient was at rest, and it may be remarked that rest is requisite, when the tumours are painful and much swollen, to ensure the salutary action of remedies.

CASES ILLUSTRATIVE OF TREATMENT.

CASE I.

Constipation:

December 6th, 1850.—A gentleman, aged 46, holding a public appointment, of rather sedentary habits. For the last ten years has been affected with Constipation, requiring some aperient every second or third day; is liable to frontal headaches and giddiness, with disagreeable, parched feeling of the hands and feet, when the bowels are costive. Six years ago, was advised by a friend to leave off the medicine, to live chiefly on vegetable diet, and take an hour's sharp walk every morning before office hours; persevered in doing so for some weeks, with no relief,—the Constipation and head symptoms returning, unless avoided by an aperient; has ever since taken, instead, a Dinner Pill, or Gregory's Powder, daily. If once omitted, has severe headache towards evening, in all other respects enjoys tolerably good health. Takes strong coffee for breakfast. Omit, and take cocoa instead.

Treatment.—Four drops of *Nux vomica* of the third dilution, in a glass of water, and two tablespoonfuls night and morning.

10th.—Twenty-four hours after taking the medicine had strong inclination to go to stool, but with no effect; on the day following, had copious evacuation; bowels

have acted every morning since up to present date; has had no giddiness, but slight headache more towards the occipital than the frontal region.

Has had slight sanguineo-mucous discharge from the rectum the last day or two.

Nux Vomica of the third dilution, four drops every morning,
Sulphur of the third dilution, four drops every morning.

16th.—Much better; bowels act regularly, discharge per rectum entirely ceased; no giddiness or headache. Continue medicine.

24th.—Quite well, and does not think it requisite to take any more medicine.

CASE II.

Infantile Constipation.

August 19th, 1850.—Miss R. P.—, aged 22 months, daughter of a gentleman,—with light blue eyes, of fair complexion, and of a lively disposition—healthy in other respects, but subject to obstinate Constipation since her birth, and to require an aperient two or three times a week. If no aperient were administered, there has been no evacuation; her parents have often tried to overcome the disorder by a strict regimen and abstinence from medicine, but have never been able to combat the disease. The medicine usually administered, being either Castor Oil, or Grey Powder and Rhubarb combined.

Sulphur, one globule of the twelfth dilution, every morning.
Nux Vomica, one globule of the twelfth dilution, every evening.

25th.—Two days after taking the medicine, the bowels began to act; first motion, hardened and scibilous; con-

tinued acting regularly since up to the present date, each motion assuming a more healthy and natural consistence. Continue medicine.

31st.—Since last date, the bowels have acted regularly once or twice a day. Consistence natural.

NOTE: *May*, 1851.—This little patient has not required a dose of medicine since she left off taking the powders in August, 1850.

CASE III.

Indigestion, Constipation, and Piles.

A lady, the widow of an officer, aged 32, mother of two children, of a dark complexion, bilio-nervous temperament, jaundiced appearance, of a full habit, with tendency to corpulency, consulted me on the 4th of March. She has suffered for the last three years from a pain over the right eye-brow, extending suddenly, and with great rapidity to the occipital region, producing for a moment the most excruciating torture. It invariably leaves in its train a giddy, swimming sensation, which lasts for an hour or more; has occasionally experienced those attacks in the streets, and has been seen to stagger by the passers by; the tongue is foul and coated in the morning and the mouth is clammy; there is generally thirst; the patient is subject to nausea in the morning, with tendency to vomiting, until a thick glutinous phlegm is expectorated; has frequent attacks of nausea, with distressing sensation of fullness and flatulency after meals, especially dinner; acid eructations, with sometimes portions of undigested food; has had frequent attacks of inflammatory piles, producing considerable

constitutional derangement, until they bleed, when temporary relief follows; there has been for some time past a mucous discharge per anum; there is a great tendency to Constipation, the bowels remaining torpid for days, unless moved by an aperient. The urine is scanty, high coloured, and sometimes of a milky white colour. Catamenia irregular, appearing at intervals, varying from a fortnight to five, six, or even seven weeks, and of a pale colour; there is at times an intolerable itching of the nose, with, an occasional eruption of small, purulent pimples on the chin and angles of the mouth; the appetite is bad and fanciful; has of late accustomed herself to highly-seasoned dishes, and takes strong tea and coffee.

This lady was ordered—

Chamomilla, one drop of the third dilution in a wine-glassful of water every morning; and—

Nux vomica, one drop of the third dilution in the same proportion of water every night.

March 10.—Scarcely any alteration of symptoms, with the exception of a slight amelioration of pain in the head, the giddiness does not last so long; has had no action of the bowels, though the inclination has been frequent and urgent the last twenty-four hours.

Omit Chamomilla, and take instead—

Sulphur, one drop of the fourth dilution, alternately with—

Nux vomica, one drop of the third dilution in a wine-glassful of water every eight hours.

16th.—On the evening of the last date, the bowels acted twice, freely, and they have continued so, regularly, once a day; there has been a marked amelioration of all the symptoms; the headache has in a great measure sub-

sided; there has been considerably less giddiness, the tongue is less coated, and the mouth, in the morning, is not so uncomfortable; the accumulation of phlegm is diminished, and easier of expectoration; the flatulency and eructation present a marked degree of diminution; there has been no perceptible feeling of pain or swelling about the rectum; the first motion was streaked with blood and mucus; there has been no appearance of the kind since. Continue medicine every twelve hours.

22d.—Is much better: bowels have continued acting every day, sometimes twice in the course of twelve hours, which they have not done before for twelve months without the aid of some aperient; there is still left a slight frontal pain, but no occipital; has had no sensation of giddiness for the last ten days; there has not been for days the slightest sensation of fulness, flatulency, or eructation after meals; neither has there been any indication of Piles; the pustular eruptions on the chin and angles of the mouth are fast drying up; the morning sickness has ceased, the mouth and tongue are fast assuming their natural taste and colour. Continue medicine as before, viz.:—

Sulphur in the morning, and—

Nux vomica at night, every other day.

31st.—The patient continues improving daily; the appetite is good; the stomach appears to have recovered its natural functions; there has been no uneasiness, or inclination to flatulency, or eructation since last date; there has been slight inclination to headache the last two days, but so trifling as scarcely to be noticed; the bowels continue to act regularly every day, and there has not been the slightest inclination to Piles. The pustular eruption

has almost disappeared. Catamenia appeared four days ago, of a more natural colour. Continue medicine every third day.

April 12th.—Appears in every respect quite well ; to continue taking the medicine every third or sixth day, should any indication require it.

July 17th.—Up to the present date, this lady has not had the slightest return of any of her former ailments. The stomach has continued to digest the food, without the slightest indication of disorder ; the bowels have acted uninterruptedly ; the head has been entirely free from pain ; and the catamenia have appeared more regularly, and have assumed a more natural colour. She ceased taking any medicine after the 29th of April.

CASE IV.

Water-brash.

January 13th, 1851.—Mr. C., aged 29, a printer, of sallow, dirty complexion, and of a bilio-melancholic temperament, much emaciated, and particularly unhealthy. For the last four weeks, his stomach has rejected all kinds of food, the period of rejection varying from ten to sixty minutes after meal, and accompanied with much flatulence ; the stomach is almost in constant action ; when the more solid portions are rejected, a purely tasteless, slimy fluid, to the amount of some pints, and described by the patient as being cold and sometimes tinged with blood, is thrown up in the course of the twenty-four hours ; has a burning pain in the stomach,

with a sense of constriction, as if that organ were drawn towards the spinal column. The pain is aggravated while in the upright position ; he is consequently obliged, when walking, to throw the body forward, which gives some relief ; has pain between the shoulders ; tongue coated, clammy, and tremulous ; ideas confused ; loss of animation ; has a suicidal melancholy ; sleeps soundly ; bowels sluggish, no motion for days, unless moved by an aperient, which materially aggravates the stomach-complaint. Urine high coloured, and thick.

Bryonia, four globules of the third dilution in a wine-glassful of water.

A teaspoonful to be taken three times a day.

15th.—Feels better ; constricted sensation of stomach not so painful ; eructation and vomiting about the same ; bowels not moved ; urine high coloured and scanty ; skin dry and scaly.

Sulphur, one drop of the third dilution—

Water, a wine-glassful. A fourth part every morning.

Nux vomica, one drop of the third dilution—

Water, same quantity. Same proportion at night.

19th.—Feels much better to-day, scarcely any pain in the stomach ; has had no eructations or vomiting, since yesterday morning, and then but little ; bowels moved regularly the last two days, motions streaked with blood ; urine more copious and of a lighter colour ; tongue cleaner and less clammy.

Sulphur, and—

Nux vomica, of the sixth dilution, in other respects as before.

25th.—Since last visit, has had no return of sickness or eructation ; tongue moist and clean ; more composed

in mind ; spirits buoyant, talks of going into Cheshire to visit his friends ; bowels act regularly ; urine natural ; sleeps well ; appetite good, and enjoys his food.

Sulphur, and—

Nux vomica, of the sixth dilution, dose of each every 2d day.

February 4th.—Appears quite well ; no return of any of the ailments, is much improved in appearance, and declines taking more medicine.

CASE V.

Hæmorrhoids.

April 7th, 1851.—Mrs. E., aged 43, of full habit, stout, dark complexion, and bilious temperament, countenance pale, mother of several children, of large size at birth ; has suffered in her last three pregnancies from discharge of blood from the rectum, first appearing about the third or fourth month of pregnancy ; is now in her sixth month, discharge profuse, and to use her own expression, discolouring the pan to some extent ; feels weak and languid, is obliged to seek the recumbent posture the greater part of the day ; blood appears to flow freely, and of rather a bright colour, sometimes appearing so suddenly as to urge her immediate departure from the table. Sometimes the quantity is small, at other times, to the amount of a half tea-cupful in the course of the day ; discharge is generally accompanied with diarrhoea, of a slimy, mucous character. Consulted besides her usual medical attendant, a physician of eminence on several occasions, with no favorable result. Appetite indifferent ; pulse weak and tremulous.

Sulphur, four globules of the third dilution.

Chamomilla, four globules of the third dilution—

a dose of each alternately, every four hours.

10th.—Feels much better; hæmorrhoidal discharge and diarrhoea ceased flowing in less than four and twenty hours after taking the first dose; is less languid; appetite improving, pulse weak; appears highly delighted with her striking and rapid improvement.

Nux vomica, four globules of the third dilution every night.

Sulphur, four globules of the third dilution every morning.

23d.—Is much better; has had no return of the bleeding since last visit; bowels rather relaxed the last two days; appetite improving; leaves town in a few days for her usual annual trip, and promises to communicate should a relapse take place.

Sulphur, three globules of the third dilution, in the morning, every fourth day.

Chamomilla, three globules of the third dilution, at night, every fourth day.

CASE VI.

Chronic Dyspepsia, Piles, and Constipation.

February 7th, 1851.—A country clergyman, aged 32, tall, of spare habit, and of rather a melancholy temperament; has suffered from derangement of the stomach for the last seven years; has a painful feeling of distension in the epigastric region after every meal, more particularly dinner; eructation of flatus; sense of nausea, with occasional vomiting of undigested aliment an hour or so after meals; risings, principally after eating, of a putrid, bitter, sour, or rancid taste; tongue dry and clammy in the morning, is much troubled in the morning with phlegm, which produces cough, nausea, till expectorated; head dizzy, and confused with ocular spectra; vertigo,

with sensation as if about to fall; rolling, wavering sensation of the brain, at times, a sharp digging pain over the supra-orbital region; has, at times, a dull heavy pain in the hypochondriac region; urine scanty, and high coloured; hands and feet in general cold; skin dry; epidermis peeling off in scales; irritability of temper; easily excited; feels dull and sleepy in the day-time, restless at night, with frightful dreams, and rises in the morning unrefreshed; has a buzzing, tinkling sensation in the ears, with at times a slight sore throat. Since the disordered state of the stomach commenced, has been troubled with obstinate Constipation, requiring the use of an aperient two or three times a week; has generally taken Blue Pill and Colocynth, with a draught before dinner consisting of Dect. Aloes Comp., Sodæ Carb., in some bitter infusion; has on various occasions (by the advice of his friends) striven to do without medicine, but with no other result than an aggravation of the complaint. Some months ago, had considerable irritation about the rectum, followed in a day or two afterwards, with a discharge of blood; has since suffered, at times, with itching of the part, which annoys him much; feels fatigued in walking even a small distance. Takes strong tea and coffee. Omit both, and take cocoa for breakfast, take a plain diet, and avoid all kinds of seasoning.

Mercurius, three globules of the third dilution in the morning.

Nux vomica, three globules of the third dilution at night.

14th.—Reports himself as being better; bowels acted sluggishly on the third day after taking the medicine, and continued doing so daily up to the present date; has less distension and flatulence after meals; eructation not so rancid; other symptoms about the same.

Sulphur, one drop of the third dilution in the morning.
Nux vomica, one drop of the third dilution at night,
in a wine-glassful of water.

31st.—This gentleman having occasion to visit London, called upon me this morning, is much improved in every respect; the bowels act regularly every day, and the motions have assumed a natural consistence; is more equable in temper, not so irritable or fretful, sleeps much better, and awakes refreshed, which he has not done before for some years; is troubled with very little eructation or flatulence; itching of the anus much less; has two or three small excrescences around the margin; urine copious, and of a pale colour; has felt nothing of the hypochondriac pain for some days; has now but occasional darting pains over the supra-orbital region, lasting but a few minutes.

Lycopodium, one drop of the third dilution in the morning.
Nux vomica, one drop of the third dilution at night.

28th.—Reports himself as improving daily; enjoys his meals, and experiences no unpleasant feelings afterwards; the bowels act regularly; sleeps well, and rises refreshed; takes long walks without the least fatigue. Continue medicine.

March 6th.—Writes to say, that he continues improving daily; the bowels act regularly; no flatulence; and enjoys his meals, with no unpleasant symptoms following; he sleeps well, and the excrescences are all but gone. Continue medicine.

17th.—The patient writes to say, he is quite well.

CASE VII.

January 23d, 1851.—Miss R—, aged 29, single, short, and rather stout; of a bilious temperament; has suffered for the last eighteen months from Dyspepsia, accompanied by Constipation; has taken a quantity of medicine, and has consulted several physicians of the Allopathic school; resided some-years ago at Dominique, where she had an attack of Dysentery;—present symptoms, a sense of constriction in the chest; accumulation of flatus, principally before meals, causing a peculiar rumbling noise, and of a disagreeable fetid odour; has a tremulous, faintish, sinking sensation before meals, which is to a certain extent relieved after taking food; has not been able to take breakfast for many months past; is much troubled with a dull aching pain across the loins, increased while taking exercise, she also suffers from palpitation of the heart; the urine is scanty, turbid, and depositing a sandy sediment; the bowels are very costive, invariably requiring an aperient, before a motion is produced; there is, at times, a quantity of acid fluid rising from the stomach; catamenia regular.

Sulphur, one drop of the third dilution in the morning.

Nux vomica, one drop of the sixth dilution at night.

27th.—Feels better; the bowels act once, and sometimes twice, in the course of the day; the pain in the lumbar region is less; eats her breakfast, and takes her ordinary meals with no disagreeable result; which she has not done before since the attack commenced; the sense of constriction of the chest still continues; the accumulation

of flatus is considerably less. Continue medicine as before.

This lady did not call upon me again.

CASE VIII.

July 27th, 1850; 7 A. M.—Mrs. L., aged 38, mother of four children, of a dark, swarthy complexion, and of a highly bilious and irritable temperament; has been unwell for the last two days, suffering from a giddy, throbbing headache, with vomiting of bilious matter through the whole of last night; saw her for the first time, at 7 A. M. On entering the room I found her in a very exhausted state, and vomiting a quantity of bilious matter; there was extreme anxiety of countenance, the tongue was foul and coated, the mouth was parched;—the thirst was intense, and there was considerable tenderness over the epigastric region; the bowels were relaxed; and the urine scanty. Gave—

Ipecacuanha, three globules of the third dilution to be taken alternately with—

Nux vomica, three globules of the third dilution every 30 minutes.

Called to see her at 12 A. M., and found her fast asleep, with a glow of perspiration diffused over the skin. I ascertained from the servant, that the symptoms began to abate after the third dose of the medicine, and at the expiration of two hours she felt quite easy and fell into a sound sleep.

3 P. M.—Had just awoke from her sleep; is free from all sickness; she is less thirsty; the tongue is moist; there is still considerable tenderness over the epigastric region.

Bryonia, three globules of the third dilution, and—

Nux vomica, (the like dose) alternately every four hours.

28th.—Found her preparing for a drive into the country. Is much better, had a good night; there has been no return of the sickness; the tongue is moist and clean, with the exception of being slightly coated towards the root; the epigastric tenderness is scarcely felt to-day; the bowels are more regular, and the urine copious. To continue taking—

Bryonia, in the morning, and—

Nux vomica, every night, for three days.

when she appeared quite well.

CASE IX.

Acute Piles.

Eliza C., aged 27, lady's-maid, inclined to be corpulent, of bilious temperament, is subject to derangement of stomach and Constipation; has had several attacks of inflammatory piles, for which she was bled, cupped, leeches, and had blisters applied to the sacrum by her ordinary medical man; last attack occurred nine months ago, which compelled her to remain in bed for three weeks. *April 16, 1851*, present attack; has lancinating cutting pains in the anus, much increased by attempting to evacuate the contents of the intestines; the pain extends, but in a less aggravated form, along the inner side of the hips, thighs, sacrum, and perineum; colicky pains in the abdomen; there is also much pain across the lumbar region; headache; bowels costive for some days; urine high coloured and scanty, with much difficulty and pain in micturating; tongue dry, and furred; pulse full and bounding; skin hot and dry. On making

an examination, found a blueish livid tumour, exquisitely tender and sensitive to the touch, and about the size of a small nut, protuding through the anus, and firmly grasped within the folds of the sphincter, so painful, as to preclude the possibility of using the slightest manipulation to return it within the anus.

I therefore gave—

Aconite, one drop of the third dilution in a wine-glassful of water, every three hours.

Tincture Arnica, four drops to a tumblerful of water, as a lotion.

April 17th, 11 A. M.—Called to see the patient this morning; had a very restless night; pain excruciating; was obliged to rest on her hands and knees till five in the morning, when the symptoms began to abate; found her tolerably comfortable, skin moist, with free perspiration; tongue moist, and cleaner; is less thirsty; pain in lumbar and surrounding regions less severe; tumour not so sensitive, and diminished in size; bowels not moved.

Continue Aconite, every four hours, alternately with—

Sulphur, one drop of the third dilution, and the lotion as before.

18th.—Is much better to-day; pain considerably less; swelling entirely gone; feels very stiff about the loins and thighs; bowels moved copiously, and slightly tinged with blood; urine copious, and of a paler colour; has a slight mucous discharge per anum; no thirst; sleeps well.

Sulphur, one drop of the third dilution in a wine-glassful of water, in the morning.

Sepia, three globules of the third dilution at night.

20th.—Is rapidly improving; the bowels have been moved twice a-day; sleeps well; is less stiff about the

loins, &c. ; discharge per anum less, but thicker, and slightly tinged with blood. Continue medicine.

24th.—Is so far recovered, as to enable her to attend to her duties ; feels tired, with shooting pains around the loins towards night, which she attributes to running up and down stairs too often in the course of the day ; feels tolerably well in other respects ; bowels moved regularly every day ; and muco-sanguineous discharge is scarcely perceptible. Continue medicine.

28th.—Continues improving ; has had more rest since the last date, which has been of great benefit to her ; has had slight sickness the last two days, with derangement of the stomach ; appetite indifferent.

Tincture *Nux vomica*, one drop at night.

Sepia, in the morning, as before.

May 3d.—Much better ; appetite improved, and is progressing favorably. Continue taking occasional doses of *Nux vom.*, *Sulph.*, and *Sepia*, for another week, when I ceased my attendance on her.

CASE X.

Excessive Nervousness and Indigestion.

In the latter part of October, of last year, I was consulted by a married lady, aged about 28, naturally excitable, and of a nervous temperament, the mother of four fine children. The very striking (and I may say magical) effects of Homœopathy in this case, has urged me to deviate a little from the common rule of reporting cases, and to quote it, as nearly as possible, in her own words :

“I have enjoyed tolerably good health, with the exception of occasional derangement of the stomach, and slight

nervousness. About four months ago, I had an attack of diarrhoea, which has continued to harass me up to the present time; I feel very sensitive and nervous, sometimes excited, at other times, low desponding fits come upon me,—the sudden opening of a door, or shutting of the gate, will cause excessive nervous, tremulous feelings; recreations have no charms; I sit for hours in a low desponding state, and often cry; I dare not take up a book or paper to read, fearing my eye would glance on something which would add to my too sensitive imagination; I sleep little, and that little is disturbed by frightful dreams; I often sit up in bed, bewailing my sad and helpless state; I have no appetite; I have constant sickness in the morning, when the more solid contents of the stomach are rejected; I vomit a quantity of tasteless limpid fluid; sickness continues, more or less, through the day; my mouth feels clammy and uncomfortable, especially in the morning; I have also a disagreeable metallic taste in the mouth; my tongue is generally coated, and dry; I am fearful of being alone, yet I wish it; the sudden cry or laugh of my dear little ones, have a fearful effect on my nerves; I tremble from head to foot, and cannot long remain in the same room with them; my bowels have been relaxed since the attack commenced, and I have a dull aching pain in the stomach and lower part of the abdomen; I have been attended by our family physician; I have the highest opinion of his talents, and he has been most attentive to me; he has sent me a great quantity of medicine; I cannot tell you the number of bottles of Chalk Mixture I have taken with the view of stopping the diarrhoea, but with no effect; I have taken, besides, Sleeping Draughts, Pills, and a quantity of Quinine, with no better result; he

suggested change of air, and recommended Margate or Ramsgate,—I lost no time in going to the latter place, where I remained four weeks, when I returned home slightly improved, very slightly; I soon relapsed into my former state, as the germ of the disease was firmly imbedded in the system; I am gradually getting worse; the diarrhoea still hangs about me, the stools are offensive; the morning sickness is the same; that low desponding, nervous, excitable state, still haunts me like a spectre; I am getting much thinner; my appetite has entirely deserted me; I feel miserable, and cannot long survive such a state.

“I have for some weeks past been advised to give Homœopathy a trial, but have, till to-day, treated such suggestions with derision; besides my husband is very much averse to it; he also laughs at it, even more than I do. Our mutual friend Mrs. P., has been indefatigable in her exertions, in endeavouring to induce me to try the new system of medicine, and pointed out the successful manner which you carried her husband through a severe and dangerous illness. I therefore consented to write and solicit your attendance. I must candidly tell you, I have no more confidence in Homœopathy now, than I had when the idea of trying it was first suggested to me; still I have consented, as a last resource, to try it; and pray, Sir, do you really think you can do me any good?”

I gave this lady—

Nux vomica, one drop of the third dilution, and two drops of the third dilution of—

Chamomilla, each in a wine-glassful of water, alternately, every four hours,

with instructions, that the medicine was to be taken

regularly, and should no amelioration of symptoms take place in the course of the following day, that I was to be sent for, as I did not intend calling till the 28th.

28th.—On my calling upon her this morning, she greeted me with a smile, and on inquiring how she felt:—“I am happy to say, I feel much better; there is certainly something magical in the effects of the medicine you sent me; it cannot surely be the small globules I have seen, and have made so much fun about; I feel quite a new being; the diarrhoea has almost ceased; that horrid nervous feeling has considerably subsided; I slept very well last night, and am altogether better in spirits; I have much less of that irritable and uncontrollable fidgetiness, about me; I have had scarcely any sickness since yesterday morning; it is no imagination of mine, as my husband has observed a marked change for the better.

Continue medicine as before, at intervals of six hours.

November 2.—I feel so much better, that I do not think I shall take any more medicine.

21st.—I received a note this morning, requesting more medicine, as she had experienced a slight relapse, which I immediately sent her. On my calling a few days afterwards, I found the symptoms had entirely ceased; she appeared in excellent spirits; mind cool and collected. In fact, she resumed a position which she had deserted for full four months, viz., that of a cheerful companion to an affectionate husband, and a blessing to four dear little children.

August 2, 1851.—This lady has enjoyed excellent health, till within three weeks ago, when she was attacked by symptoms similar to her former complaint, thinking a

little domestic prescribing would be sufficient to check the disease, she did not send for me, till the symptoms had assumed an aggravated form. I found her suffering nearly in the same state, as when I was first summoned to attend her; she was extremely sensitive and excitable; almost constant sickness and nausea; no appetite, or inclination for food; flatulency and eructation, with a harassing diarrhoea; stools slimy, accompanied with griping pains in the abdomen; no sleep. In less than a fortnight, the disease entirely gave way under the influence of *Nux vomica*, *Chamomilla*, *Mercurius*, *Arsenicum* and *Pulsatilla*, of the 3d and 5th dilution, at stated intervals.

CASE XI.

Constipation and Piles.

May 10, 1851.—An unmarried lady, aged 29, of rather a full habit and bilious temperament; has been subject to Constipation for some years, the bowels seldom acting without some aperient, which she takes two or three times a week; she has for some weeks past suffered from Hæmorrhoids, which annoy her much, sometimes producing considerable constitutional derangement, with shooting, pricking pains around the anus and lumbar region; they occasionally bleed while walking, or moving suddenly from a seat, which gives for some time great relief; there is at times, derangement of the stomach, with flatulency and eructation of fluid, and half-digested food; she feels full and bloated after meals; the tongue is foul and coated in the morning, with disagreeable taste in the mouth on awaking; the sleep is uneasy, and often broken by frightful dreams; has always lived well,

and often indulges in hot suppers ; appetite fastidious. Catamenia regular. Diet to be strictly attended to.

Sulphur, one drop in the morning.

Nux vomica, one drop at night.

17th.—Is altogether better ; bowels moved slightly yesterday ; there is less flatulency and eructation, feels very little of the piles ; the tongue is cleaner ; she sleeps better ; has had rather a severe headache the last few hours, principally over the supra-orbital regions, of a piercing, jerking character.

Belladonna, one drop of the third dilution,

to be taken twice every 4 hours.

Continue the Sulphur and Nux vomica as before.

23d.—Is much improved ; took only one dose of the *Belladonna*, the headache ceasing shortly afterwards ; the bowels are moved regularly every day, sometimes twice ; has scarcely any flatulency or eructation ; has felt nothing of the piles for the last two days ; sleeps well ; appetite improving. Continue medicine.

30th.—Bowels have continued to act regularly once or twice a day, and the motions are of a proper consistence ; has had no derangement of the stomach since the 25th ; feels no inconvenience after meals. To continue taking occasional doses of—

Nux vomica, of the third dilution, should occasion require.

CASE XII.

Indigestion, Constipation, Piles, and Derangement of the Liver.

November 4, 1850.—Mr. J., a gentleman occupied in a public office, aged 37, is stout, short necked, and of a full habit; has suffered for the last seven or eight years from a peculiar headache, the pain is situated on the left side of the head, which at times is severe, coming on in paroxysms, and of the digging, piercing character, as if a nail were driven into the brain, and is in one particular spot, and easily covered by the tip of the finger; there has been a tendency to Constipation for the last four years, requiring an aperient every second or third day; has generally kept a box of Aperient Pills by him, consisting of Blue Pill and Colocynth; is often troubled with flatulency and sour eructations after meals; there is also a sense of fulness in the stomach, producing temporary difficulty of breathing, which is only relieved by an evacuation, or copious expulsion of flatus; has generally taken (to relieve those distressing feelings) Essence of Ginger in water, which in some degree procures temporary relief; the countenance presents a yellowish cast; the conjunctiva tinged with bile; there is a pain in the right hypochondriac region, and slight fulness projecting under the lower rib of the same side; there is also pain in the left lumbar region, following at times, the course of the ureter; the urine is generally scanty, high coloured, and depositing an ochreish-coloured sediment; has had a tingling, itching sensation of the anus, with at times, small tumours, projecting, painful, and

sensitive to the touch ; has never had bleeding from those parts to his recollection ; the tongue is foul and coated in the morning ; and the mouth feels clammy and uncomfortable ; teeth covered with sordes ; has suffered for the last six months from occasional vomiting, about an hour after meals, with sour risings, and burning sensation in the throat, extending some distance along the œsophagus.

He was ordered to take

Nux vomica, one drop of the third dilution,
in a wine-glassful of water every night.

Sulphur, one drop of the third dilution, in the same quantity of water every morning, the dose to be repeated every alternate day.

12th.—Has felt on the whole better ; the bowels have acted sluggishly once a day ; since the 9th, there is less flatulency and eructation. Continue medicine.

19th.—Is decidedly better ; the bowels act regularly, and the motions are of a proper consistence ; there has been considerably less flatulency and eructation ; is still annoyed with sickness, but not to so great an extent ; the mouth is not so clammy ; the tongue becomes less coated every day ; the urine deposits less sediment, and is more copious ; the headache does not recur so often, and the paroxysms are less severe ; is better able to enjoy his meals, and has much less of that disagreeable tension of the stomach and abdomen ; has had no appearance of the anal swellings ; still suffers from itching about the anus, and on examination, there appear two or three small excrescences about the size of small peas, studding the margin of the anus, covered by a sanio-mucous discharge ; has often felt a moisture of those parts, but was never induced to examine them. Continue medicine.

28th.—Has taken the medicine regularly since last date, is much improved; the bowels act regularly; the discharge per anum has scarcely appeared for the last three days; has had no eructation or vomiting for some days; there is no inconvenience after meals; his spirits are more buoyant; the complexion assumes a more natural appearance; the conjunctiva is less yellow; no alteration in the anal excrescences; the pain in the side and lumbar region not so great.

Continue *Nux vomica* every fourth day, and take

Lycopodium, one drop of the fifth dilution every morning and evening.

December 7th.—Has had no return of the stomach derangement; the bowels act regularly; no discharge per anum; excrescences the same. Continue medicine.

December 14th.—There is a marked diminution of fulness in the right side; there is also less pain in the lumbar region; appetite good, with no derangement of the stomach after meals; there is no sediment in the urine, and that fluid is pale and sufficient in quantity.

Continue *Nux vomica* every fifth day, omitting one day.

Then take *Nitric acid*, two drops of the third dilution, in the morning.

Lycopodium, two drops of the third dilution, at night, for three days.

Continue taking the medicine as ordered.

21st.—There is decided diminution of the anal tumours. To continue the medicine.

April 3, 1851.—This gentleman continued taking *Lycopodium*, *Nitric acid*, and *Thuja*, with occasional doses of *Nux vomica*, alternated with *Sulphur*, till the latter end of February, when all traces of the excrescences had disappeared, and up to the same time he had no return of Dyspepsia.

CASE XIII.

Dyspepsia, Constipation, and Piles, with Mucous Discharge per Anum.

March 6, 1851.—Mrs. L., aged 43, tall and slender, of a leuco-phlegmatic temperament, mother of two children, grown up; has suffered for the last six years from a burning heat at the pit of the stomach, extending, as it were, to the heart, producing at times, excessive palpitation of that organ; the pain is much increased after meals, with a sense of nausea, and with eructation of flatus, acid fluid, and half-digested food; there is a disagreeable clammy feeling of the mouth, with coated tongue in the morning; is subject to almost constant headaches; the bowels are generally costive, continuing so for days, unless moved by an aperient; there is often inclination to go to stool, but with no effect; is subject on the slightest exposure to cold, to sore throat and swelling of the parotids; there is a buzzing sensation in the ears; urine scanty, high coloured, and depositing a sandy sediment; suffers much pain while menstruating; the discharge is scanty, but regular as to time; has a slimy sanguineo-mucous discharge per anum, with occasional appearances of piles.

Pulsatilla, one drop of the third dilution, in a wine-glassful of water in the morning.

Nux vomica, one drop of the third dilution, in the same proportion of water at night.

12th.—Feels better; the pain in the stomach not so distressing; the heart has not palpitated so much; there is less nausea, flatulency, and eructation after meals, the mouth is not so clammy; the tongue is less coated and moister; the urine is more copious, but still deposits a

red, sandy sediment ; discharge per anum about the same, but less sanguineous ; the bowels acted sluggishly on the third day after commencing taking the medicine ; they have continued to act daily since, but are rather costive. Continue medicine.

18th.—Is decidedly much better ; there has been no sickness, eructation, or flatulence, for the last three days ; the bowels have acted regularly, and the motions are of a more natural consistence ; the discharge per anum is much less ; the tongue looks clean and moist ; the mouth feels comfortable ; the appetite is tolerably good, with no inconvenience after eating.

Omit Pulsatilla and take—

Sulphur, one drop instead, with Nux vomica.

24th.—Continues improving,—the stomach assuming a healthy action ; there has not been the slightest inclination to sickness, or eructations, since the last date ; the urine is clear and plentiful ; the bowels have acted regularly ; the discharge has nearly ceased. Continue medicine.

30th.—Appears well in all respects, with the exception of a very slight discharge appearing every second or third day. To continue taking occasional doses of the medicine.

I saw this lady in the latter end of June ; she has had no return of the symptoms ; the discharge per anum ceasing altogether in a few days after I last prescribed.

THE END.

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